

No. C 49071	Annual Report Form Due No Later Than November 30, 1997		2 Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1 Mailing Address Please Correct, If Not Correct CENTRE', INC. (THE) DONNA LEACH BOX 272		TED F. LEACH 206 JOHNSON AVENUE OROFINO ID 83544		
	3 Organized Under the Laws of		ID C 49071		
	* FIRST NOTICE * OROFINO ID 83544				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Donna K. Leach	P.O. Box 1141	Orofino	Id	83544
Sec.	Ted E. Leach	P.O. Box 1141	Orofino	Id	83544
Dir.	Steven E. Leach	7412 Long Circle	Englewood	Co.	80112
Dir.	Stanley L. Leach	P.O. Box 2222	Orofino	Id	83544
Dir.	Teri E. Oliver	P.O. Box 299	Ponderay	Id	83852
5.		6. Signature <u>Donna K. Leach</u> Date <u>July 15, 1997</u> Name (Typed or Printed) <u>Donna K. Leach</u> Title <u>Pres</u>			

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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