No. C119341	Annual Report Form 1997			2. Registered Agent and Office NOT A P.O. BOX					
Return to:		e No Later Than Nov	rember 30,		MATTHEW				
SECRETARY OF STATE	1. Mailing Addre	ss - Please Correct, If	Mot Correct		N 28820				
700 WEST JEFFERSON PO BOX 83720		OGGING, INC			N 2002U	PALI	_ 31		
BOISE, ID 83720-0080	N 28820	FALL ST			ATHOL		10	83801	
NO FEE REQUIRED				3. Organized Under the Laws of:					
* FIRST NOTICE *	ATHOL		D 83801					19341	
Corporations: Enter Names and	Business Address	es of <b>President, Sec</b> r	retary and Direct	tors	<u></u>				
Limited Liability Companies: Ent	er Names and Ad	dresses of 🔲 Manag			check one)				
Office held Name		Street or P.O. Ad	<u>ldress</u>		City	<u>Sta</u>	<u> 1te</u>	<u>Zip</u>	
resident Matthew	B. Abram	N.28220 Fa	all Stree	t A	thol	ID	838	01	
ecretary/ Pam L. A reasurer	bram	N.28220 Fa	all Stree	t A	thol	ID	838	01	
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ISSUED: 07-04-19									
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