o. c 71	413	Annual Report Form Due No Later Than November 30,	_ '	tered Agent and Office JAMES MAGN	
Return to: SECRETARY OF		1. Mailing Address - Please Correct, if Not Correct	H. 81	JAMES MAUN 5 Sherman	USWM
	-0080 JIRED LOTICE * Enter Names and E	MAGNUSON - WASHINGTON, I H. JAMES MAGNUSON P.O. BOX 2288 469 W9//9CC COEUR D'ALENE ID 8387 Business Addresses of President, Secretary and D or Names and Addresses of Managers or	3. Orga	nized Under the Laws	ID 83814 of: 71413
Office held	γ companies. επιτ Name	Street or P.O. Address	, , , , , , , , , , , , , , , , , , , ,	ity State	Zip
Children Indian	***************************************		Walla		83873
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	H. F. Magn Mark W. Ab		Walla		83873
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Signature of N	Mark W. Ab	Agent 6. Signature Mark W. At Name (Typed or Mark W. At	walla w Clu	Date 8/25	83873
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