

No. C112447	Annual Report Form Due No Later Than November 30, 1995		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		A JOHN BROOKHART 3758 E 107 N		
	JOHN BROOKHART CPA PA A JOHN BROOKHART PO BOX 336		UCON ID 83454		
* FIRST NOTICE *	UCON	ID 83454	3. Organized Under the Laws of:  ID C112447		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
Office held	Name	Street or P.O. Address	City	State	Zip
President	A John Brookhart	PO Box 336	Ucon	ID	83454
Secretary	Leola K Brookhart	PO Box 336	Ucon	ID	83454
5. NATURE OF BUSINESS  ACCOUNTING		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Leola K. Brookhart</u> Date <u>8-19-96</u> Name <small>(Typed or Printed)</small> <u>Leola K. Brookhart</u> Title <u>Secretary</u>			

ISSUED: 07-06-1995

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