




## INSTRUCTIONS ON REVERSE SIDE

No. 01668	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  NO FEE REQUIRED	Due No Later Than November 1, 1991		JOHN ANDERSEN																									
	1. Mailing Address: Please Correct If Not Correct		1317 E 65TH N																									
	ANDERSEN MANUFACTURING, INC JOHN ANDERSEN 3125 N YELLOWSTON HIGHWAY  IDAHO FALLS ID 83401		IDAHO FALLS ID 83401  3. Incorporated Under The Laws of ID NO: 061668																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JOHN I. ANDERSEN</td> <td>1317 E. 65th. N.</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>NELL ANDERSEN</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>SAME AS ABOVE</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JOHN I. ANDERSEN	1317 E. 65th. N.	IDAHO FALLS	ID	83401	Secretary:	NELL ANDERSEN	"	"	"	"	Directors:	SAME AS ABOVE				
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Secretary:	NELL ANDERSEN	"	"	"	"																							
Directors:	SAME AS ABOVE																											
5. Nature of Business  MANUFACTURING		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td data-bbox="530 894 1067 971">           Signature             Name (Typed or Printed) JOHN I. ANDERSEN         </td> <td data-bbox="1067 894 1614 971">           Date 9 JULY 91            Title PRES.         </td> </tr> </table>			Signature  Name (Typed or Printed) JOHN I. ANDERSEN	Date 9 JULY 91 Title PRES.																						
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