Due No Later Than November 1,198 OEAN J. MILLER  Secretary of State Room 283. Statehouse Boise, ID 83720  LINE BERGER INCORPURATED LAMENCE LINE BERGER INCORPURATED BOX 1127  HOME DALE. IDAHO  STATE OF IDAHO  STATE OF IDAHO  Name  President: Persident: Persident Street or PO. Address Scretary: Persident Street or PO. Address Directors:  ENIERED JUL 14  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct aper Complete.  Signature Character Street Street or PO. Address  BOX 127  ENIERED JUL 14  Secretary: Persident Street or PO. Address  City State  ENIERED JUL 14  Secretary: Persident Street or PO. Address  City State  ENIERED JUL 14  Secretary: Persident State Signature Complete  Signature Character Street  Date 178/88  Title Soc. Secretary  Title Soc. Secre	No. 33115	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Secretary of State  Room 263: Statehouse  Boise, ID 83720  SEC. OF TE  LINE BERGER INCORPORATED  LAWRENCE LINE BERGER  ROUTE 1, BOX 1127  88 JUL 11 AM 11 3 HOME DALE + IDAMO  83628  STATE OF IDAMO  State  Street or P.O. Address  President: Fight Suck being of State  Secretary: Fight Suck being of State  Directors:  ENIERED  JUL 14  Signature of Business  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 of Business  One of Signature of Business  Bignature of Business  Bignature of Business  CALDWELL + ICAHO  83605  3. Incorporated Under The Laws  of STATE OF IDAHO  STATE OF IDAHO  BIGNATURE OF IDAHO  BIGNATURE D  JUL 14  Date 178/888	Return To	Due No Later Than November 1,1988	DEAN J. MILLER
Room 263 Statehouse Boise, ID 83720  SEC. O TE  ROUTE 1, BOX 1127  88 JUL 11 AM 11 3 HOMEOLE, IDAHO 83628  8. Names and Addresses of Officers and Directors  President: Secretary: Directors:  ENIERED  JUL 14  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 Officers and is to the best of my knowledge true, correct and complete.  Signature Officers and is to the best of my knowledge true, correct and complete.  Signature Officers and is to the best of my knowledge true, correct and complete.  Signature Officers and Directors  BALL TEACH B3605  3. Incorporated Under The Laws of State Officers and Directors  State Officers  BALL DIRECTOR  STATE OF IDAHO  STATE OF IDAHO  STATE DIRECTOR  STATE OF IDAHO  STATE	Room 203; Statehouse Boise, ID 83720	LINEBERGER INCORPORATED LAWRENCE LINEBERGER	CALDWELL I ICAHO 83605
ROUTE 1. BOX 1127  98 JUL 11 AM 11 340MEDALE. IDAHO 83628  STATE OF IDAHO  FINIERED  JUL 14  Signature of Business  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 of Business  One of the property of the property of the page of the			
88 JUL 11 AM 11 340ME DALE. IDAHO 83628  Name and Addresses of Officers and Directors  President: Respectively Religion			,
President: Follow State Street or P.O. Address  President: Follow State Street or P.O. Address  Secretary: Sacretary: Street or P.O. Address  Directors:  ENIERED  JUL 14:  Nature of Business  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 Output State or P.O. Address  City State, Zip  John State, Zip  John State, Zip  JUL 14:  ENIERED  JUL 14:  Signature Output State of My knowledge true, correct and complete.  Signature Output State of My Knowledge true, correct and complete.  Signature Output State of My Knowledge true, correct and complete.	88 JUL 11 AM 11	34OMEDALE: IDAHO	
President: Follow State P.O. Address Secretary: Secretary: State State Signature of Business  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 of Business  On the state of P.O. Address  City State Zip  Horicable Signature The Street of P.O. Address  City State Zip  Follow Signature Street of P.O. Address  City State Zip  Follow Signature Complete  Signature Attended to P.O. Address  City State Zip  Follow Signature Complete  Signature Attended to P.O. Address  City State Zip  Follow Signature Complete  Signature Attended to P.O. Address  City State Zip  Follow Signature Complete  Signature Attended to P.O. Address  City State Zip  Follow Signature Complete  Date A 1/8/88	1 Nomes and Address of Office		STATE OF IDAHO
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 Taxoneus Surchard Date 1/8/88	Secretary: Directors:	Scheberger" "	11 11 11
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 Taxoneus Surchard Date 1/8/88	Secretary: Secretary: Directors:	1 0	
true, correct and complete.  Signature Taxoner Complete.  Date 1/8/88	Secretary: Secretary: Directors:	) <i>O</i>	NIFP
true, correct and complete.  Signature Taxoners Sucharaer Date 1/8/88	Secretary: Secretary: Directors:	) <i>O</i>	NIFP
		6. I certify that this Annual Report has been ex	NIERED UL 1412