Idaho Corporation Annual Report Form		n 2. Re	gistered Agent and	Office N	OT A P.O. BOX	
Due No Later Than November 1, 1. Mailing Address — Please Cornect II Not Correct CITY TRANSFER, INC. LARRY SAWYER P. 0. BOX 247 EMMETT ID 83617 0000					83617 00	
			3. Inc	3. Incorporated Under The Laws of		
ers and Directors			<u></u>			
Name	Street or I	P.O. Address		<u>City</u>	State	Zip
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true, co	errect and complete		1	_	pest of my	knowledge
	Larry.					3.7
	Due No Leter 1. Mailing Address CITY TRANS LARRY SAWY P. 0. BOX EMMETT BIS and Directors Name Sawyer Sawyer 6. I certify true, co. Signature	Due No Later Than November 1. Mailing Address - Pleuse Cornect CITY TRANSFER, INC. LARRY SAWYER P. 0. BOX 247 EMMETT ID 8 Bris and Directors Name Street or Sawyer 2328 Cawyer 3328 6. I certify that this Annual R true, correct and complete Signature Acres.	Due No Leter Than November 1, 1. Mailing Address - Please Cornect. Il Noi Con CITY TRANSFER, INC. LARRY SAWYER P. 0. BOX 247 EMMETT ID 83617 00 ers and Directors Name Street or P.O. Address Sawyer 2328 Mtg Vie Sawyer Sawyer 6. I certify that this Annual Report has be true, correct and complete. Signature Annual Report has be si	Due No Leter Than November 1, 1. Mailing Address — Plense Correct. If Not Correct CITY TRANSFER, INC. LARRY SAWYER P. 0. 80X 247 EMMETT ID 83617 0000 No: ers and Directors Name Street or P.O. Address Sawyer Sawyer Sawyer Sawyer 8. I certify that this Annual Report has been examined by true, correct and complete.	Due No Leter Than November 1, 1 Mailing Address — Please Cornect II Not Cornect CITY TRANSFER, INC. LARRY SAWYER P. 0. 80 X 247 EMMETT ID 83617 0000 No: 32786 Bris and Directors Name Street or P.O. Address City Sawyer Sawyer Sawyer G. I certify that this Annual Report has been examined by me and is to the true, correct and complete. Signature Sawyer Date 10	Due No Later Than November 1, 1 Mailing Address - Please Correct II Not Correct CITY TRANSFER, INC. LARRY SAWYER P. 0. 80 X 247 EMMETT ID 83617 0000 EMMETT ID 83617 0000 No: 32786 Bris and Directors Name Street or P.O. Address City State Sawyer Sawyer Sawyer Sawyer 6. I certify that this Annual Report has been examined by me and is to the best of my true, correct and complete. Signature Sary Date 10 - 2