

76179

| No. | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--------------|------------|---------------------|-------------------------------|-------------|-------------------------|--------------|------------|-------------|-----------------|----------|-----|-------|------------|--------------|------|--|--|--|------------|--|--|--|--|--|
| | Due No Later Than November 1, 1992 | | PAUL T. SMITH | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return To | 1. Mailing Address — Please Correct, If Not Correct | | 184 2ND STREET WEST | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary of State Room 203, Statehouse Boise, ID 83720 | PAPPA KELSEY'S, INC. | | TWIN FALLS ID 83301 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DALE KELSEY | | 3. Incorporated Under The Laws of ID | | | | | | | | | | | | | | | | | | | | | | | | | |
| * FIRST NOTICE * | 637 BLUE LAKES, BLV. N. | | NO: 76179 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO FEE REQUIRED | TWIN FALLS ID 83301 0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Dale Kelsey</td> <td>1005 Main St So</td> <td>Kimberly</td> <td>Id.</td> <td>83341</td> </tr> <tr> <td>Secretary:</td> <td>Irene Kelsey</td> <td>same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | Dale Kelsey | 1005 Main St So | Kimberly | Id. | 83341 | Secretary: | Irene Kelsey | same | | | | Directors: | | | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | |
| President: | Dale Kelsey | 1005 Main St So | Kimberly | Id. | 83341 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | Irene Kelsey | same | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resturant | | <table border="0"> <tr> <td>Signature</td> <td><i>Irene Kelsey</i></td> <td>Date</td> <td>7-15-92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>IRENE KELSEY</td> <td>Title</td> <td>Sec</td> </tr> </table> | | | Signature | <i>Irene Kelsey</i> | Date | 7-15-92 | Name (Typed or Printed) | IRENE KELSEY | Title | Sec | | | | | | | | | | | | | | | | |
| Signature | <i>Irene Kelsey</i> | Date | 7-15-92 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) | IRENE KELSEY | Title | Sec | | | | | | | | | | | | | | | | | | | | | | | | | |