Return to: SECRETARY OF STATE LANGFORD INC. RALPH V. LANGFORD BONNERS FERR ID 83805 ROISE, ID 83720-0080 NO SELF REQUIRED CO. ** FINAL NOTICE ** BONNERS FERRY ID 83805 Corporagins: Enter Names, and Addresses of President, Secretary and Directors Limited Liability Companies' Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President Ralph Langford PO BOX 857 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS LOG TRUCK Name President Name Name	Return to: SECRETARY OF STAFF TOO FET IN 1500 PO 80 SE ID 83720-0080 NO SEL REDURINES 7 A 197 ** FINAL NOTICE ** BONNERS FERRY ID 83805 ** FINAL NOTICE ** BONNERS FERRY ID 83805 Corporations Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies. Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President Ralph Langford PO BOX 857 Secretary Marion Langford PO BOX 857 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge true, forget and complete. Signature MATURE OF BUSINESS LOG TRUCK MATURE OF BUSINESS Secretary Date When Date Tyles of my knowledge true, forget and complete. Signature MATURE OF BUSINESS LOG TRUCK	2. Registered Age	ent and Office NOT	A P.O. BOX
** FINAL NOTICE ** BONNERS FERRY ID 83805 ID C 92907 Corporations Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by the and is to the best of my knowledge true, forget and complete. Signature Name (Typed or Marion Mario	** FINAL NOTICE ** BONNERS FERRY ID 83805 ID C 92907 Corporations Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of I Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS LOG TRUCK Name (Typed or Printed)	HAZEL S	IT.	
Corporations Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS 6. I certify that this Angual Report has been examined by the and is to the best of my knowledge true. Foreset and complete. Signature Name (Typed or Marion Langford Marion Marion Date Name)	Corporations Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by the and is to the best of my knowledge thus fortact and contactes. Signature Name (Typed or Marion Langford Marion) Name (Typed or Marion Langford Marion Langford Marion)	3. Organized Uno	ier the Laws of:	
City State Zip President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 City State Zip Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 City State Zip Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 City State Zip Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805	City State Zip President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 City State Zip Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 City State Zip Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 City State Zip Marion Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805	ID	C 93	2907
President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge pruse foreset and complete. Signature MALLAL MARK Date Name (Typed or Mark Mark Date) Name (Typed or Mark Mark Date)	President Ralph Langford PO BOX 857 B.F. ID 83805 Secretary Marion Langford PO BOX 857 B.F. ID 83805 NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge pruse foreset and complete. Signature MALLAL MARK Date Name (Typed or Mark Mark Date) Name (Typed or Mark Mark Date)	nbers (check one)		***
NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge true, fortest and complete. Signature Name (Typed or Printed) Name (Typed or Printed)	NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge true, fortest and complete. Signature Name (Typed or Printed) Name (Typed or Printed)	<u>City</u>	State	<u> Zip</u>
NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge true, forcect and complete. Signature Name (Typed or Printed) Name (Typed or Printed)	NATURE OF BUSINESS 6. I certify that the Annual Report has been examined by the and is to the best of my knowledge true, forcect and complete. Signature Name (Typed or Printed) Name (Typed or Printed)	D F	TD 83	ะ เลกร
NATURE OF BUSINESS 6. I certify that thits Annual Report has been examined by file and is to the best of my knowledge true, forect and complete. Signature	NATURE OF BUSINESS 6. I certify that thits Annual Report has been examined by file and is to the best of my knowledge true, forect and complete. Signature			
knowledge true, forfact and correcte. Signature	knowledge true, forfact and correcte. Signature	seen examined by the	and is to the he	est/of my
Name (Typed or MARIAN THAT GOY Aitle BUP	Name (Typed or MARIAN THAT GOY Aitle BUP		W 12/18	19/2
		by troin	RED	<u> </u>
	133020: 10-03-1770	MIN GH / KONitle		
			•	
103020. 10 03 1770			MARIAN HAZEL S BONNERS 3. Organized Und I D check one) City B.F. B.F.	BONNERS FERR ID 3. Organized Under the Laws of: ID C9 The State B.F. ID 83 B.F. ID 838