

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 90268	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990		2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct		MARY BOND 832 EASTWIND DR.	
NO FEE REQUIRED	ADVENTURELAND DAY CARE, INC MARY BOND 832 EASTWIND DR.		TWIN FALLS ID 83301 239	
	TWIN FALLS ID 83301		3. Incorporated Under The Laws of NO: 090268	

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	mary lou Bond	832 EASTwind DR	Twin Falls	I.D.	83301
Secretary:	Brenda K. Hamilton	C.P.A.	715 shoshone st. North		
Directors:		TWIN FALLS, I.D.			83301
	Same				

5. Nature of Business

Day Care

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

Mary Lou Bond

Name (Typed or Printed)

MARY Lou Bond

Date

8-6-90

Title

OWNER