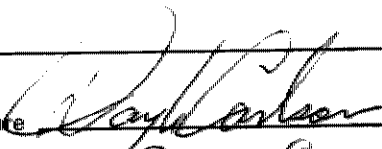


No. W 6145	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX RONALD D CARLSON 641 E 800N BOX 128 FIRTH ID 83236	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct AMERICAN DISABILITIES ACT CO 2421 KOMO MAI PEARL CITY HI 96782		3. Organized Under the Laws of: HI W 6145	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
	DAYLE CARLSON	2421 Komo Mai	Pearl City	HI 96782
	ROBERT MOORE	PO Box 240123	Honolulu	HI 96824
5. Signature of New Registered Agent		6. Signature  Name (Typed or Printed) DAYLE CARLSON Date 7/19/99 Title Member		

ISSUED: 07-03-1999

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