No. 6105594	Annual Report Form  1900  2. Registered Agent and Office NOT A P.O. BOX  Due No Later Than November 30,
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Please Correct, If Not Correct 3983 w 4130 NOSTH
PO BOX 83720 BOISE, ID 83720-0080	ANDRAE B GOPP UR. LESUIE ID 83255 PO BOX 373
NO FEE REQUIRED	3. Organized Under the Laws of:
* FIRST NOTICE *	4ACKAY ID 33251 0373 ID C106594
	Addresses of President, Secretary and Directors  Names and Addresses of  Managers or  Members (check one)
Office held Name	Street or P.O. Address City State Zip
tresident hudeaet	BORPIL PO.BOX 1281 TWINFALLS ID 83303 KAYBIAA P.O. BOX 141 MACKAY ID 83251
	The state of the s
DECRETAIN CARLAI	KAYRIAA P.O. BOX 141 MACKAS TO 83251
SERETARY CARLAY	BORPIE. 70.80×1281 TWINFALLS ID 83303 KAY BORP 7.0. BOX 141 MACKAY ID 83251
SECRETARY CARCA!	BAY TOPE P.O. BOX 141 MACRAS ID 85251
SECRETARY CARCA!	BAY BURG P.O. BOX 141 MACKAY LD 83251
SECRETARY CARLAY	BAY BURG P.O. BOX 141 MACKAY LD 83251
	6.    certify that this Agriculat Report has been examined by me and is to the best of my
NATURE OF BUSINESS	6. I certify that this Armual Report has been examined by me and is to the best of my knowledge true, cover and complete.
NATURE OF BUSINESS	6. I certify that this Armbal Report has been examined by me and is to the best of my knowledge true, correct and complete.  Signature
NATURE OF BUSINESS	6. I certify that this Armual Report has been examined by me and is to the best of my knowledge true, cover and complete.
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.  Signature  Name (Typed or Printed)  Title
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.  Signature  Name (Typed or Printed)  Title
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.  Signature  Name (Typed or Printed)  Title
SSEVIES 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.  Signature  Name (Typed or Printed)  Title