Due No Later Than November 1,1994 Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * *** NO "SEE REDUIRED** 4. Names and Addresses of Officers and Directors Name Street or P.O. Address DENNIS ARAVE Secretary: Directors: DENNIS ARAVE DIRECTORS: DENNIS ARAVE MARIETTA ARAVE MARIETTA ARAVE """" JOHN GOFFINET 125 FIRST STREET 125 FIRST STREET 125 FIRST STREET 125 FIRST STREET 126 FIRST STREET 127 OROFINO ID 83544 DROFINO State Zip OROFINO ID 83544 DOROFINO ID 83544 """" """ """ """ """ """ """				INSUED: 07-	05-1994
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Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NC SEE REDUIRED OROFINO ID 83544 JOHN GOFFINET P. O. BOX 629 3. Incorporated Under The Laws of ID NO: 60580 4. Names and Addresses of Officers and Directors Name Street or PO. Address OROFINO ID 83544 JOHN GOFFINET P. O. BOX 629 Gity State Zip President: Secretary: MARIETTA ARAVE Directors: DENNIS ARAVE MARIETTA ARAVE BERNITED OROFINO ID 83544 OROFINO ID 83544 OROFINO ID 83544 OROFINO ID 83544 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO SEE REQUIRED UROFINO ID 83544 1. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: DENNIS ARAVE Secretary: MARIETTA ARAVE Directors: DENNIS ARAVE BerniteD OROFINO ID 83544 NO: 60580 City State Zip OROFINO ID 83544 NO: 60580 City State No: 10 83544 No: 60580 City No: 60580 City State No: 10 83544 No: 60580 N	Secretary of State Room 203, Statehouse P.O. BOX 83720				ages on a
# FIRST NOTICE * NO SEE REQUIRED DROFINO ID 83544 No. 60580 4. Names and Addresses of Officers and Directors Name Street or P.O. Address City State Zip President: DENNIS ARAVE 518 ARAVE RD OROFINO ID 83544 Secretary: MARIETTA ARAVE " " " " " " " " " " " " " " " " " " "					
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President: Secretary: Directors: DENNIS ARAVE MARIETTA ARAVE DIRECTORS: DENNIS ARAVE MARIETTA ARAVE DIRECTORS: DENNIS ARAVE MARIETTA ARAVE DENNIS ARAVE MARIETTA ARAVE G. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Signature Signature Date G. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Date G. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Date Date G. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	NO FEE REPUIRED	OROFINO	ID 83544	NO: 60580	
President: Secretary: MARIETTA ARAVE Directors: DENNIS ARAVE MARIETTA ARAVE """"""""""""""""""""""""""""""""""""	4. Names and Addresses of Office	cers and Directors	MUST BE PRINTED O	FUTYPED	
Secretary: Directors: DENNIS ARAVE Directors: DENNIS ARAVE DIRECTORS: DENNIS ARAVE DIRECTORS: DENNIS ARAVE		Name	Street or P.O. Address	City	State Zip
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