

No. C101022	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX																			
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		FRANK L VANDERSLOOT 320 MEMORIAL DRIVE IDAHO FALLS ID 83402																			
	TESAMEN ENTERPRISES, INC. PO BOX 50305		3. Organized Under the Laws of:																			
	IDAHO FALLS ID 83405		ID C101022																			
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)																						
<table style="width:100%; border: none;"> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
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5. Signature of New Registered Agent		6. <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Signature</td> <td style="width:30%;"><i>Jim Archibald</i></td> <td style="width:20%;">Date</td> <td colspan="2" style="width:20%;">10-5-99</td> </tr> <tr> <td>Name (Typed & Printed)</td> <td>R. James Archibald</td> <td>Title</td> <td colspan="2">Attorney</td> </tr> </table>			Signature	<i>Jim Archibald</i>	Date	10-5-99		Name (Typed & Printed)	R. James Archibald	Title	Attorney									
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ISSUED: 07-03-1999

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