	INSTRUCTIONS ON REVERSE SIDE ISSUED JULY 1, 1989				
No. 83111 Return To Secretary of State Room 203, Statehouse	Idaho Corporation Annual Report Form Due No Later Than November 1,1989 1. Mailing Address — Please Correct 83111 SERVICEMASTER OF LEWISTON—CLARKS JOHN W. BURKE		2. Registered Agent and Office JOHN W. BURKE 930 PRESTON AVENUE LEWISTON ID 8350		
SEC. OF STATE NO FEE REQUIRED 89 OCT 6 AM 9 15	930 PRESTON AVE	ID 83501	3. Incorporated Unde of IDAHO		111
4. Names and Addresses of Office	ers and Directors Name	Street or P.O. Address	<u>City</u>	State Zip	
1 1001001111	ohn W. Burke anie E. Burke	P.O. Box 1085 P.O. Box 1085	Lewiston Lewiston	ID 8350 ID 8350	
					•
5. Nature of Business	true, correc	t this Annual Report has been examinated the complete.	•	·	dge
Service	Signature Name (Typed or Printed)	Jane EBucke Janie	Date Burke Title	/0-3-89 Secretary	