No. C 21271	I .	al Report Form er Than November 30.		ed Agent and Office	
Return to: " SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 80/SE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Plea WALLACE YOU XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	se Correct. If Not Correct TH ASSOCIATION MANAGEMENT Dennis O ZANK 469	XXXX 413 413 WALL 3. Organize	ACE ]	EET 0' Brien ID 83873
* FIRST NOTICE * WALLACE ID 83873 ID C 21271  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)					
Office held Name	Str	eet or P.O. Address	City	State	<u>Zip</u>
Secretary Dennis Director Jamie W Director Dennis	O'Brien P.O Vinterset 605 O'Brien P.O	Bank Street . Box 146 Bank Street . Box 146	Walla Walla Walla Walla	ce ID	83873 83873 83873 83873
5. Signature of New Registered	Signatu	re <u>Dennis</u> C Typed or <u>Dennis</u> O'Br	Breen ien	Date	;/99 cy
ISSUED: 07-03-1	999			32461	4