	Annual Report Form	3 9 3 12 Registered &
Return to: '	Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	DAVID M WALDO
700 WEST JEFFERSON	HORNER-WEST INSURANCE AGEN	31 EAST MAIN ST.
PO BOX 83720	HOWARD MEST INSURANCE AGEN	
BOISE, ID 83720-0080	80X 1667	WEISER ID 83672
NO FEE REQUIRED		3. Organized Under the Laws of:
* FIRST NOTICE *	NYSSA 0R 97913	
Corporations: Enter Names and I	Business Addresses of Burillian	ID C 79879
Limited Liability Companies: Ente	er Names and Addresses of <b>President</b> , Secretary and Direct	tors
Office held Name		mbers (check one)
Poul to To	Street or P.O. Address	<u>City</u> <u>State</u> Zip
President DAVI. Secretary Bus	d M. WAldo 31 East Mainst bara J. WAldo 31 East Mun	Weiser Id 83672
Secretary Bur	(mm 1 1911 316 0 1	Weiser 1d, 036/2
	J. WALGO SI Zast Main	St Weiser 1d 83672
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Signature of New Registered A	Agent 6.	
o or recording p	1 8 1 4	A 1
	Simulation / Day /	
	I Signature A Ac	No 2
	Signature Atom (1	Saldo Date 11-26-98
	Name (Typed or Printed)  Name (Typed or Printed)	WALDO Title PRESIDENT
1880ED: 07-03-19	Name (Typed or Printed) M.	WALDO Title President
T\$\$UED: 07-03-19	Name (Typed or Printed)  NOT TAPE OR STAPLE	WALDO Title President
TSSU€D: 07-03-19	Name (Typed or Printed) AVID M.	WALDO Title President
135∪€⊅: 07-03-19	Name (Typed or Printed) AVID M.	WALDO Title President
1330ED: 07-03-19	Name (Typed or Printed) AVID M.	WALDO Title President
T\$\$UED: 07-03-19	Name (Typed or Printed) AVID M.	WALDO Title President