| lo. C103368 | | lal Report Form 199 | ` . | ent and Office NO | |
|--|---|--|-------------------|---------------------|--|
| eturn to: SECRETARY OF STATE | 1. Mailing Address - Plea | ase Correct, If Not Correct | | M PORTER ERRY LN | ************************************** |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED | CONSTRUCTIO WESLEY M PO 5503 CHERRY | | | ID | 83687 |
| * FIRST NOTICE * | NAMPA | ID 83687 | ID | | 3368 |
| Corporations: Enter Names and Limited Liability Companies: Ent | | t, Secretary and Directors | iers (check one) | | |
| Office held Name | | reet or P.O. Address | City | State | Zip |
| President/VicePres. We scaftreesurer Con- | cky m. Abrter | 5503 Charry IN | Nampa Nampa | To | 83687 |
| _ | | manufacture and the second | 4.1 | | 83687 |
| seaf-treasurer Con- | de I. Porter | ssos cherry ha | reamy | TO | *36 47 |
| NATURE OF BUSINESS | 6. ! certify knowle | r that this Annual Report has be dge true, correct and complete, | en examined by me | e and is to the b | est of my |
| | 6. ∥ certify | r that this Annual Report has be dge true, correct and complete. | en examined by me | e and is to the b | est of my |
| NATURE OF BUSINES | 6. ! certify knowle Signatu Name ; | r that this Annual Report has be dge true, correct and complete, ire | en examined by me | e and is to the b | est of my |