		in Carrier Sec.	ISSUED: 0	7-05-1994
No. 84569 Return To	Due No Later Than November, 1, 1. 1. Mailing Address — Places Correct Mail Correct		2 Registered Agent and Office C T CDRPDRATION SYSTEM 300 NORTH STREET	
Secretary of State Room 203, Statehouse P.O. BOX 83720	EQUIPTOR INCRESS IN CARE TOE DORN PARKINSON		BOISE	ID 83702
* FIRST NOTICE * O FEE REQUIRED	P O BOX 7427		3. Incorporated Under of MT № NO: 84569	The Laws
4. Names and Addresses of Office	pers and Directors	MUST BE PRINTED O	A TYPED	
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
President: Secretary: Directors:	LeRoy Wilkes Helen Miller Dorn Parkinson Terry Payne	2124 Humble Road 87 Brookside 1270 Trotting Horse P.O. Box 8747	Missoula Missoula Lane Missoula Missoula	MT 59801 MT 59801 MT 59801 MT 59807
5. Nature of Business	6. I certify that true, correct	this Annual Report has been exa and complete.	amined by me and is to th	e best of my knowledge
Equipment Repair	Signature Name (Typed or Primed)	Helen B. Miller		ct. 25, 1994 ecretary
	· A	+S		