No. c 14		Annual Report Form Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. B	IOX	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED F A R M D A L E		Address - Please Correct, If Not Correct	2373 E. 214 N.	7	
		MERS FRIEND CANAL COMP E L SWENSEN BOX 15	ST. ANTHONY ID 8344	45	
			3. Organized Under the Laws of:	3. Organized Under the Laws of:	
		ANTHONY ID 83445	5 ID C 1437		
 Corporations: En Limited Liability (iter Names and Addresse Companies: Enter Names a	s of President, Secretary and Directors and Addresses of I Managers or I I	s Members (check one)		
Office held	<u>Name</u>	Street or P.O. Address	City State Zip		
President	Reed Ashcraf	t 2373 E 214 N	St. Anthony ID 8344	15	
Secretary	Dale L. Swen	sen P.O. Box 15	St. Anthony ID 8344	1 5	
Director	Boyd Hollist	2085 E 600 N	St. Anthony ID 8344	15	
Director	Dee Eldridge		St. Anthony ID 8344	15	
Director	Rodney Dalli		St. Anthony ID 8344	15	
Director	Terrel Birch	2422 E 244 N	St. Anthony ID 8344	L 5	
NATURE OF		I certify that this Annual Report has knowledge true, correct and compositions Signature	17 "7 7 2 7 7 1 4 1 4		
NOTA NOTA NOTA NOTA NOTA NOTA NOTA NOTA		Name (Typed or Dale L . S	Swensen Title <u>Secretary</u>		
ISSUED:	07-06-1996		9970		
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