<u> </u>		Instri	OCTIONS ON REVERSE SIDE .	<u> </u>	7= 1 <b>=1</b> 00	· .	
			ration Annual Report Form	2. Registered Agent ar	nd Öffice <b>NO</b> T	A P.O. BOX	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720  * FIRST NOTICE * NO FEE REQUIRED		Due No Later Than November 1, 1993  1. Mailing Address - Florie Con. or H. Not Consert		1	MICHAEL J. BROWNE 419 SNAKE RIVER AVE.		
		MICHAEL J.		T LEWISTON  3. Incorporated Under	I D	83501	
		419 SNAKE RIVER		of ID			
		LEWISTON	ID 83501	No: 34448			
4. Names and Address	ses of Officers	and Directors	MUST BE PRINTED	OR TYPED			
		Name	Street or P.O. Address	City	State	Zip	
President: Secretary: Directors:		R. Browne . Browne	1649 9th Ave. 421 Karin Ave.	Lewiston "	Idaho "	83501	
V. Pres.	Terry J	. Cicrich	1107 Richardson	u u	**	п	
	Michael	J. Browne	421 Karin Ave.	11	**	Pf	
5. Nature of Business Marina		6. I certify true, cor	that this Annual Report has been exa	amined by me and is to the	best of my kr	nowledge	
		Signature Name (Typed	Lois D. Browne	Title S	<u>-9-93</u> ec.		