



No. C 82403		Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct BRIGGS-SIMMONS, LTD WILA BRIGGS Joy N. SIMMONS 796 MEMORIAL DRIVE IDAHO FALLS ID 83401		JOY N SIMMONS 796 MEMORIAL DRIVE IDAHO FALLS ID 83402																			
* FIRST NOTICE *				3. Organized Under the Laws of: ID C 82403																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																							
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Director/Pres.</td> <td>Joy N. SIMMONS</td> <td>P.O. Box 50103</td> <td>Idaho Falls</td> <td>ID</td> <td>83405</td> </tr> <tr> <td>Director</td> <td>John G. SIMMONS</td> <td>P.O. Box 50103</td> <td>Idaho Falls</td> <td>ID</td> <td>83405</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	Director/Pres.	Joy N. SIMMONS	P.O. Box 50103	Idaho Falls	ID	83405	Director	John G. SIMMONS	P.O. Box 50103	Idaho Falls	ID	83405
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Director	John G. SIMMONS	P.O. Box 50103	Idaho Falls	ID	83405																		
5. Signature of New Registered Agent		6. Signature <u>Joy N. Simmons</u> Date <u>7-14-99</u> Name (Typed or Printed) <u>Joy N. Simmons</u> Title <u>President</u>																					

ISSUED: 07-03-1999

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
 NOTE: The name of the business entity cannot be altered on the annual report form.