Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State President City State First City State Sacy City State First Ci	No. C 54221	Annual Report Form Due No Later Than November 30.	2. Registered Agent and Office NOT A P.O. BOX
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * HAROLD J. SEELEY Corporations: Enter Names and Addresses of President Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address Office held Name Street or P.O. Address City State Fall State Stat	SECRETARY OF STATE	Mailing Address - Please Correct, If Not Correct	
* FIRST NOTICE * ** ** ** ** ** ** ** ** ** ** ** **	PO BOX 83720 BOISE, ID 83720-0080	HAROLD J. SEELEY	ride
4. Corporations: Enter Names and Addresses of President, Setretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address President Harveld Labely 3434 A E 4000 N Kimbrely 2d 83341 Will President Clella Sully "" Single President Harveld Labely 3434 A E 4000 N Kimbrely 2d 83341 Will President Clella Sully "" Single President Name Addresses of President, Setretary and Directors 8365/ Marue President Check one) 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Clella Stelly Date 7-15-96 Name Printed CLELLA SeeLey Title Vice-Pres.		Bivd	3. Organized Under the Laws of:
5. NATURE OF BUSINESS 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature Illu Sully Date 7-15-96 Name (Typed or Printed) Name (Typed or Printed)	4. Corporations: Enter Names and Ad	ddresses of President, Secretary and Directors	83651
NATURE OF BUSINESS knowledge true, correct and complete. Signature Plella Sulay Date 7-15-96 Name (Typed or Printed) CLCLLA SeeLey Title Vice-Pres.	Office hold President Harve Vice Pres Secretary Kathy	Street or P.O. Address 1 J. Suly 3434 A E 4000 N Suly 11 11 Spring N 12 11 Spring N	Kintuly 2d 83341 ine Nampa Id 836P7
ISSUED: 37-06-1995 5270	NATURE OF BUSINESS	knowledge true, correct and complete. Signature	Date 7-15-96
	ISSUED: 37+06-199		<i></i>