

No. <b>C 37921</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>ROBERT M. TAISEY, JR.</b> <b>320 STATE STREET</b>  <b>WEISER</b> ID <b>83672</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, if Not Correct <b>R &amp; S FINANCIAL SERVICES, IN</b> <b>PAT BAILEY</b> <b>BOX 15</b>  <b>WEISER</b> ID <b>83672</b>		3. Organized Under the Laws of: ID                      C <b>87921</b>																		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																					
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
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5. NATURE OF BUSINESS  <b>FINANCIAL SERVICES</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature <u><i>PAT BAILEY</i></u></td> <td style="width: 40%;">Date <u>11-15-96</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>PAT BAILEY</u></td> <td>Title <u>BOOKKEEPER</u></td> </tr> </table>				Signature <u><i>PAT BAILEY</i></u>	Date <u>11-15-96</u>	Name (Typed or Printed) <u>PAT BAILEY</u>	Title <u>BOOKKEEPER</u>														
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<b>ISSUED: 10-05-1996</b> <span style="float: right;">5544</span>																					