




No. W 429	Annual Report Form 1999 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct. If Not Correct AMERICAN CRAFTSMAN OF IDAHO, MONTE SUTTON PO BOX 307 EMMETT ID 83617		LEE B DILLION 242 N 8TH ST STE 200 225 N. 9th Ste 210 BOISE ID 83702 3. Organized Under the Laws of: ID W 429													
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>MANAGER</td> <td>MONTE SUTTON</td> <td>P.O. Box 307</td> <td>EMMETT</td> <td>ID.</td> <td>83617</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	MONTE SUTTON	P.O. Box 307	EMMETT	ID.	83617
Office held	Name	Street or P.O. Address	City	State	Zip											
MANAGER	MONTE SUTTON	P.O. Box 307	EMMETT	ID.	83617											
5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature </td> <td>Date 7-21-99</td> </tr> <tr> <td>Name (Typed or Printed) MONTE SUTTON</td> <td>Title Manager</td> </tr> </table>				Signature 	Date 7-21-99	Name (Typed or Printed) MONTE SUTTON	Title Manager								
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Name (Typed or Printed) MONTE SUTTON	Title Manager															

ISSUED: 07-03-1999

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