| No. | Idaho Corporation Annual Report Form Due No Later Than November 1,1992 1. Mailing Address — Please Correct If Not Correct C.L.M.S., INC. CONNIE M. SEARLES 405 SOUTH 8TH, #365 BOISE ID 83702 0000 | 2. Registered Agent and Office NOT A P.O. BOX | |
|--|---|---|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | | CONNIE SEARLES 405 SOUTH BTH SUITE 365 BOISE ID 83702 | |
| | | 3. Incorporated Under The Laws of No: 83411 | |
| 4. Names and Addresses of Office | rs and Directors | | |
| , | Name Street or P.O. Address | City State Zip | |
| President: CON | Nie Searles 405 S. 8 Th,# hen Searles 3009 N. Mounta | 365 Boise IO 83702 | |
| Secretary: Step Directors: | THEN SEATIPS SOUT IV. TIOUNCH | ATNKA, NOISE LO YSYOZ | |
| 5. Nature of Business | 6. I certify that this Annual Report has been a | examined by me and is to the best of my knowledge | |
| . Service | Signature Symbol Name (Typed or Printed) COWA'S IT. 5 | Date 7/8/92 OANES Title Pres. | |
| | * | | |