No.  Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  **  NO FEE PEQUIRED  **  NAME  **  NO FEE PEQUIRED  **  NO FEE PEQUIRED  **  NAME  **  NO FEE PEQUIRED  **  NO FEE PEQUIRED  **  NAME  **  NO FEE PEQUIRED  **  NO F		INSTR	RUCTIONS ON	REVERSE SIDE	i u		lin t / ·	پير
ROOM 203, Statehouse Boise, ID 83720  *** NO FEE REQUIRED ** ** NO FEE REQUIRED **  ** NO FEE REQUIRED **  ** NO FEE REQUIRED **  ** ** NO FEE REQUIRED **  ** ** NO FEE REQUIRED **  ** ** NO FEE REQUIRED **  ** ** ** NO FEE REQUIRED **  ** ** ** NO FEE REQUIRED **  ** ** ** NO FEE REQUIRED **  ** ** ** ** NO FEE REQUIRED **  ** ** ** ** ** ** ** ** ** ** ** **	Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  ** NO FEE REQUIRED	Due No Later Than November 1,						
President: MERIE WAIDEN Secretary: CANDY FULLER V.P. AI WENDERD TRES. MARY KAY HILLS HCOY BOX 277 St. MARIES Id. 838 MEMBER! BOD Short JR. HCOY BOX 155 St. MARIES Id. 838		EMIDA CORF BOB SHORT ROUTE 4, E ST. MARIES	PORATION FUR M BOX <del>155</del> 2	erle Walden 74A D 83861	3. Incorp of NO:	porated Under The ID 57110		83861
President: MERIE MAIDEN HCOH BOX 184 St. MARIEB ID. 836 Secretary: CANDY FULLER HCOH BOX 170 St. MARIES ID. 836 V.P. Al Wenderd HCOH BOX 27H St. MARIES ID. 836 TRES. MARY KAY HILLS HCOH BOX 277 St. MARIES ID. 836 MEMBER: BOD Short JR. HCOH BOX 155 St. MARIES ID. 836	4. Names and Addresses of Officer	rs and Directors	MU	ST BE PRINTED O	R TYPE	D		
V.P. HI WENDERG HCOY BOX 274 St. MARIES Id. 83. TRES. MARY KAY HILLS HCOY BOX 277 St. MARIES Id. 838 MEMBER: BOD Short JR. HCOY BOX 155 St. MARIES Id. 838		***************************************	Stree	et or P.O. Address		<u>City</u>	State	<u>Zip</u>
5. Nature of Business 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge.	TRES. MARY KAU	erg Hills	HCOH HCOH	Box 170 Box 274	81. 81.	MARIES MARIES MARIES	III III	1888. 1888 .
10.1 doi tily triat triby frittati ricport riad been examined by rice beest of rily knowledg	5. Nature of Business	6. I certify	y that this Annı	ual Report has been exam	ined by m	ne and is to the bes	st of my k	nowledge
Community signature Westbarro Date Oct. 12.199	Community	true, co Signature	orrest and comp	plete.		Date DC	412	1994
Name (Typod or A) WENDERR Title VICE - PRESIDENT		Name Prin	ited)" HI W	<b>LENDERS</b>		TitleVice.	-YRES	ident