		INSTRU	CTIONS ON REVERSE SIDE	ISSUED: 10-	04-199	0
No. 84892		Idaho Corporation Annual Report Form		2. Registered Agent and Office		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Due No Later Than November 1,  1. Mailing Address — Please Correct		JAY MEYERS 300 NORTH 7TH & LANDER ST		
		3. Incorporated Under The Laws of 10				
		** FINAL NO NO FEE RE		PRESTON	10 <del>83568</del> 833 <b>13</b>	No: 084892
4. Names and Addre	esses of Officer	s and Directors				
		<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Robert	S. Merrill	140 S. 1st E.	Preston	ID	83263
Secretary: Directors:	E.L. E		957 E. 5014 S.	Salt Lake City	UT	84117
Directors.	Steve Steve	Elwell A. Bergguist	6670 S. Sheridan Bly 39 W. 1st N.	va. Littleton Preston	CO ID	80123 83263
		54 5	05 W. 186 M.	1105001	1.0	03203
5. Nature of Busines	SS	6. I certify the	nat this Annual Report has been exa	mined by me and is to the b	est of my	knowledge

Signature

10/16/90

President

Date

Titie

Retail Sales

Due No Later : Mailing Address — B/J INDUST: WILFORD CH: P.O. BOX 26	RIES, INC. APMAN 46	2. Registered Agent an WILFORD CHAP P.O. BOX 246 FIRTH 3. Incorporated Under of ID	MAN ID	83236		
Mailing Address— B/J INDUST WILFORD CH P.O. BOX 2	Please Correct RIES, INC. APMAN 46	P.O. BOX 246  FIRTH  3. Incorporated Under	ID	83236		
B/J INDUST: WILFORD CH. P.O. BOX 2:	RIES, INC. APMAN 46	FIRTH 3. Incorporated Under	ID	83236		
WILFORD CH. P.O. BOX 2: FIRTH	APMAN 46	3. Incorporated Under		83236		
P.O. BOX 2	46		The Laws			
FIRTH		01 12		3. Incorporated Under The Laws		
		NO. 070/0/				
on onecions	ID 83236	NO: 070404				
Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>		
mow	720 N. 600 E.	Firth	Id	83236		
218 <b>485</b>	4 Brentwood Ur. E. Street	Idaho Falls	Id	83405		
7/3 /	1.550 E.	Idako Falls	Id	83405		
<i>j</i> :	317N. 1100 EAST	Firth	Id	83234		
84	6 US Hwy 91	Shelley Firth	Id Id	83231 83231		
6. I certify	that this Annual Report has been ex	amined by me and is to the	best of my	knowledge		
true, cor	rect and complete.		1 - 1			
Signature Name (7/09)	John Chapman	Date / C	117/9	<u>d</u>		
	6. I certify true, cor	Name  Street or P.O. Address  Name  720 N. 600 E.  8184 Brentwood Or.  485 E. Street  713 N. 550 E.  1317N. 1100 EAST  846 US Hwy 91  6. I certify that this Annual Report has been extrue, correct and complete.	Name  Street or P.O. Address  Onco  The Street of P.O. Address  The Street of P.O. Address  Firth  A184 Brentwood Dr.  485 E. Street  The Street of Dan Falls  The Street of P.O. Address  Firth  The Street of P.O. Address  The Street	Name  Street or P.O. Address  City  State  PMON  720 N. 600 E.  8184 Brentwood Dr.  485 E. Street  713 N. 550 E.  1317N. 1100 EAST  846 US Hwy 91  6. I certify that this Annual Report has been examined by me and is to the best of my known true, correct and complete.  Signature Form Chamman  Date 10/17/9		