FILE NOW: FILING FEE AFTER MAY 1ST IS \$550 00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Mo their

Secretary of 5.

DIVISION OF CORPOR......S

FILED Apr 15 1998 8:00am Secretary of State

DOCUMENT # F9700001475 (9)						
	R U.S.A. CORPORATION	(4)				
Principal Place	of Business	Mailing Address				INI KINII OSDII ILAAS DAII IAA
PO BOX 674 PO BOX 674						
MERIDIAN ID 83842 MERIDIAN ID 83642						
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 03/21/1997	
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	Applied For
26				82-0424999 N		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5, Certificate of Status Desired	\$8.75 Additional
22 27					C, Continued of Clares Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country	,	Trust Fund Contribution	Added to Fees
Zip 24	25 29 30		\vdash	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
-	9. Name and Address of Curren		1901		10. Name and Address of New Registered	Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81	81 Name		
			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
					Addisos (1.5. Box No. 1857 to No. 1866)	
			83			
			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					FI	
office or re	o the provisions of Sections 607,050. egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was	authorized b	v the coroora	poration's submits this statement for the purpose of the ap	pointment as registered
SIGNATURE .					pired when reinstaling) DATE	
12.	Signature, typed or printed name of registered age OFFICERS AND		13.	ent signäture régu	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P		1 1 TITLE		7.DDTTTOTTOTTOTTOTTOTTOTTOTTOTTOTTOTTOTTOT	☐ Change ☐ Addition
NAME	UNRUH, HAROLD E 🗸	ACANT	1.2 NAME			
STREET ADDRESS	215 OLD QUARRY WAY	•	1.3 STREE	ADDRESS		İ
CITY-ST-ZIP	B OISE ID 83709		14 CiTY-:	ST-ZIP		
TITLE			21 TITLE			Change Addition
NAME	HASMAN, FRANK A		22 NAME			
STREET ADDRESS	\$772 N. TRAIL CREEK WAY		2.3 STREE	ADDRESS	* * * * * * * * * * * * * * * * * * * *	
CITY-ST-ZIP	EAGLE ID 83616		2.4 CHY-ST-ZIP			Change Addition
TITLE			3.1 TITLE 3.2 NAME	į		Change C Working
NAME PROFEST ADDRESS				ADDRESS		
CITY_CT_7ID			3.4. C/TY-	į į		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	01:411		Change Addition
NAME			4. 2 NAME		,	
STREET ADDRESS			4.3 STREE	ADDRESS		
CITY-ST-ZIP			4.4 City-	ST-ZIP		
TITLE	DELETE 5.11		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			ļ
STREET ADDRESS			5.3 STREE	I ADDRESS		
CITY-ST-ZIP			5.4 CiTY-: 6.1 TiTLE	ST - ZIP		Change Addition
TITLE	_					☐ Change ☐ Addailbh
NAME			6.2 NAME	I ADDDECO		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	ertify that the information supplied wi	ith this filing does not qualify f	64 CITY-		Section 119.07(3)(i), Florida Statutes. I further of	pertify that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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CR2E034 (10/97