

No. C 66177	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	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	1. Mailing Address - Please Correct, If Not Correct ROCKY MOUNTAIN RESTAURANT CO ONE CAPITAL CENTER 999 MAIN STREET, DRAWER R BOISE ID 83702	ROBERT ANGELL 999 MAIN STREET, DRAWER 35 HORIZON DRIVE BOISE ID 83702 3. Organized Under the Laws of: ID C 66177
* FIRST NOTICE *		

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT DIRECTOR	F.C. KNIFE "	5490 N. TURRET WAY "	BOISE "	ID.	83703 "
SECRETARY	INES HOLT	5546 NORTHWALL PL.	"	"	"
DIRECTOR, V.P.	R.R. ANGELL	35 HORIZON DR	"	"	83702

5. NATURE OF BUSINESS RESTAURANT	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and completed. Signature <u><i>R.R. Angell</i></u> Date <u>7-29-96</u> Name (Typed or Printed) <u>ROBERT R. ANGELL</u> Title <u>V.P., DIRECTOR</u>
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ISSUED: 07-06-1996

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