

No. C 99335	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX WILLIAM D KAZDA 1014 MAIN STREET LEWISTON ID 83501																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MCCALL 1-HOUR WESTERN PHOTO, WILLIAM D KAZDA PO BOX 266 LEWISTON ID 83501		3. Organized Under the Laws of: ID C 99335																		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"><u>Office held</u></th> <th style="width: 15%;"><u>Name</u></th> <th style="width: 35%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President - <i>Taetsunen</i></td> <td>34289 St. E. <i>William D. Kazda</i></td> <td>34289 St. E. <i>34289 St. E.</i></td> <td>Lewiston <i>Lewiston</i></td> <td>ID <i>ID</i></td> <td>83501 <i>83501</i></td> </tr> <tr> <td>Vice President - <i>Secretary</i></td> <td>34289 St. E. <i>Conny E. Weizner</i></td> <td>34289 St. E. <i>3887 Lakewood Dr.</i></td> <td>Lewiston <i>Lewiston</i></td> <td>ID <i>ID</i></td> <td>83501 <i>83501</i></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President - <i>Taetsunen</i>	34289 St. E. <i>William D. Kazda</i>	34289 St. E. <i>34289 St. E.</i>	Lewiston <i>Lewiston</i>	ID <i>ID</i>	83501 <i>83501</i>	Vice President - <i>Secretary</i>	34289 St. E. <i>Conny E. Weizner</i>	34289 St. E. <i>3887 Lakewood Dr.</i>	Lewiston <i>Lewiston</i>	ID <i>ID</i>	83501 <i>83501</i>
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5. NATURE OF BUSINESS PHOTO PROCESSING	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>William D. Kazda</i></u> Date <u><i>7-15-96</i></u> Name (Typed or Printed) <u><i>William D Kazda</i></u> Title <u><i>President</i></u>																				

ISSUED: 07-06-1996

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