

No. C 99555	Annual Report Form Due No Later Than November 30, 1995		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct VINEYARD GOLF COURSE, INC. JAMES R. MARTELL P O BOX XXX 790 GLENNS FERRY ID 83623		JAMES R. MARTELL XXXXXXXXXXXXXXXXXXXX 2 Steen Lane GLENNS FERRY ID 83623 3. Organized Under the Laws of: ID C 99565																									
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" data-bbox="23 329 1462 617"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>James Martell</td> <td>PO Box 540</td> <td>Glenns Ferry</td> <td>ID</td> <td>83623</td> </tr> <tr> <td>Vice-Pres.</td> <td>Michael Martell</td> <td>PO Box 998</td> <td>Glens Ferry</td> <td>ID</td> <td>83623</td> </tr> <tr> <td>Sec/Treas</td> <td>Carmela Martell</td> <td>PO Box 540</td> <td>Glenns Ferry</td> <td>Id</td> <td>83623</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	James Martell	PO Box 540	Glenns Ferry	ID	83623	Vice-Pres.	Michael Martell	PO Box 998	Glens Ferry	ID	83623	Sec/Treas	Carmela Martell	PO Box 540	Glenns Ferry	Id	83623
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5. NATURE OF BUSINESS PUBLIC GOLF COURSE	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>James Martell</u> Date _____ Name (Typed or Printed) _____ Title _____																											

ISSUED: 07-06-1996

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