

ISSUED: 07-05-1994

<p>No. 79059</p> <p>Return To</p> <p>Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080</p> <p>* FIRST NOTICE * NO FEE REQUIRED</p>	<p>Idaho Corporation Annual Report Form</p> <p>Due No Later Than November 1, 1994</p> <p>1. Mailing Address —</p> <p>SIMMONS & SIMMONS, BIG AL'S SAN SHARON M. SIMMONS 545 SHOUP AVE.</p> <p>IDAHO FALLS ID 83402</p>	<p>2. Registered Agent and Office</p> <p>SHARON M. SIMMONS 1806 CARMEL</p> <p>IDAHO FALLS ID 83402</p> <p>3. Incorporated Under The Laws of ID NO: 79059</p>																								
<p>4. Names and Addresses of Officers and Directors</p> <p>MUST BE PRINTED OR TYPED</p> <table><thead><tr><th></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>KAY M. SIMMONS</td><td>1806 CARMEL DR.</td><td>IDAHO FALLS</td><td>ID</td><td>83402</td></tr><tr><td>Secretary:</td><td>SHARON M. SIMMONS</td><td>1806 CARMEL DR.</td><td>IDAHO FALLS</td><td>ID</td><td>83402</td></tr><tr><td>Directors:</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				Name	Street or P.O. Address	City	State	Zip	President:	KAY M. SIMMONS	1806 CARMEL DR.	IDAHO FALLS	ID	83402	Secretary:	SHARON M. SIMMONS	1806 CARMEL DR.	IDAHO FALLS	ID	83402	Directors:					
	Name	Street or P.O. Address	City	State	Zip																					
President:	KAY M. SIMMONS	1806 CARMEL DR.	IDAHO FALLS	ID	83402																					
Secretary:	SHARON M. SIMMONS	1806 CARMEL DR.	IDAHO FALLS	ID	83402																					
Directors:																										
<p>5. Nature of Business</p> <p>RESTURANT</p>	<p>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</p> <table><tr><td>Signature</td><td>SHARON M. SIMMONS</td><td>Date</td><td>8-20-94</td></tr><tr><td>Name (Typed or Printed)</td><td>SHARON M. SIMMONS</td><td>Title</td><td>SEC. TRES.</td></tr></table>		Signature	SHARON M. SIMMONS	Date	8-20-94	Name (Typed or Printed)	SHARON M. SIMMONS	Title	SEC. TRES.																
Signature	SHARON M. SIMMONS	Date	8-20-94																							
Name (Typed or Printed)	SHARON M. SIMMONS	Title	SEC. TRES.																							