

No. <b>C115181</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>DELORIS GILLESPIE</b> <b>149 W MAGIC RD #7</b>  <b>SHOSHONE ID 83352</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>WEST MAGIC PROPERTY OWNERS A</b> <b>DELORIS GILLESPIE</b> <b>149 W MAGIC RD #7</b>		3. Organized Under the Laws of:  <b>ID C115181</b>
* <b>FIRST NOTICE *</b> <b>SHOSHONE ID 83352</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<b>President</b>	<b>Bill Bubb</b>	<b>149 west Magic Rd. #8</b>	<b>Shoshone, Id. Id. 83352</b>
<b>Secretary</b>	<b>Deloris Gillespie</b>	<b>149 West Magic Rd. #7</b>	<b>Shoshone, Id. 83352</b>
<b>Director</b>	<b>Joe Ellinger</b>	<b>149 West Magic Rd. #9</b>	<b>Shoshone, Id. 83352</b>
<b>Director</b>	<b>Bob Ellis</b>	<b>Rt. 1 Box 1282</b>	<b>Heyburn, Id. 83336</b>
<b>Director</b>	<b>Warren Merrill</b>	<b>1016 4th. Ave. Dr.</b>	<b>Jerome, Id. 83338</b>
<b>Director</b>	<b>Al Pucket</b>	<b>637 Center St.</b>	<b>Kimberly, Id. 83341</b>
5. <b>NATURE OF BUSINESS</b>  <b>FIRE SAFETY</b>		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>Deloris Gillespie</u> Date <u>8-12-96</u> Name (Typed or Printed) <u>DELORIS Gillespie</u> Title <u>Registered Agent</u>	

ISSUED: 07-06-1996

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