

No. W 985	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	1. Mailing Address: Please Correct If Not Correct CATERING CORNER L.L.C. PATRICIA R JENSEN 2221 OVERLAND AVE		PATRICIA R JENSEN 2221 OVERLAND AVE BURLEY ID 83318																		
* FIRST NOTICE * BURLEY ID 83318			3. Organized Under the Laws of ID																		
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%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Patricia R. Jensen</td> <td>1901 Miller Ave</td> <td>Burley</td> <td>Id.</td> <td>83314</td> </tr> <tr> <td>Member</td> <td>Shelley Sanders</td> <td>RT 2 Box 2215 (8005 GSW)</td> <td>Burley</td> <td>Id.</td> <td>83318</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Member	Patricia R. Jensen	1901 Miller Ave	Burley	Id.	83314	Member	Shelley Sanders	RT 2 Box 2215 (8005 GSW)	Burley	Id.	83318
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5. SIGNATURE OF CURRENT RA		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>Patricia R. Jensen</i></u> Date <u>7/18/96</u> Name (Typed or Printed) <u>PATRICIA R. JENSEN</u> Title <u>PARTNER</u>																			

ISSUED: 07-08-1996

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