

| No. C 95399 | Annual Report Form 1996 Due No Later Than November 30, | | 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 PARAMOUNT TWIN, INC. MARK ANDREWS 6605 RIMROCK DR. IDAHO FALLS ID 83406 | | MARK ANDREWS 6605 RIMROCK DR. IDAHO FALLS ID 83406 3. Organized Under the Laws of: ID C 95399 | | | | | | | | | | | | | | | | | | | |
| 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"> <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>Pres.</td> <td>Mark R. Andrews</td> <td>6605 Rimrock Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>V. Pres./Sec</td> <td>Kelli Andrews</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | Pres. | Mark R. Andrews | 6605 Rimrock Dr. | Idaho Falls | ID | 83401 | V. Pres./Sec | Kelli Andrews | " " | " " | " " | " " |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | |
| Pres. | Mark R. Andrews | 6605 Rimrock Dr. | Idaho Falls | ID | 83401 | | | | | | | | | | | | | | | | | |
| V. Pres./Sec | Kelli Andrews | " " | " " | " " | " " | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS MOVIE THEATRE | | 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>Kelli Andrews</u> Date <u>7/18/96</u> Name (Typed or Printed) <u>Kelli Andrews</u> Title <u>V. Pres./Sec.</u> | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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