

No. <b>C110533</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>KATHLEEN JORGENSEN</b> <b>1095 MOJAVE</b>  <b>IDAHO FALLS ID 83404</b>
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address: <i>Please Correct If Not Correct</i>  <b>JORGENSEN'S CREDIT &amp; COLLECT</b> <b>KATHLEEN JORGENSEN</b> <b>1095 MOJAVE</b>		3. Organized Under the Laws of  <b>ID</b> <b>C110533</b>
* <b>FIRST NOTICE</b> * <b>IDAHO FALLS</b> <b>ID 83404</b>			
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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	KATHLEEN K Jorgensen	1095 Mojave	IDAHO FALLS ID 83404
Secretary	Allen C Jorgensen	1095 Mojave	IDAHO FALLS ID 83404
Director	KATHLEEN K Jorgensen	1095 Mojave	IDAHO FALLS ID 83404
Director	Allen C Jorgensen	1095 Mojave	IDAHO FALLS ID 83404
5. <b>NATURE OF BUSINESS</b>  <b>CREDIT REPORTING &amp; COLLECTIONS</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><i>Allen C Jorgensen</i></u> Date <u>8/18/96</u> Name (Printed) <u>Allen C Jorgensen</u> Title <u>SECRETARY</u>	
<b>ISSUED: 07-06-1996</b>		<b>8420</b>	