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|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| No. 101953                                                                                                                              | Idaho Corporation Annual Report Form                                                      | 2. Registered Agent and Office NOT A P.O. BOX                               |
| Return To<br><br>Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED | Due No Later Than November 30, 1995                                                       | LEE B DILLION<br>242 N 8TH ST STE 200                                       |
|                                                                                                                                         | 1. Mailing Address - Please Correct If Not Correct                                        |                                                                             |
|                                                                                                                                         | JAKE'S OF TWIN FALLS, INC.<br>LEE B DILLION<br>242 N 8TH ST STE 200<br><br>BOISE ID 83702 | BOISE ID 83702<br><br>3. Incorporated Under The Laws of<br>ID<br>NO: 101953 |

## 4. Names and Addresses of Officers and Directors

|            | Name            | Street or P.O. Address | City        | State | Postal Code |
|------------|-----------------|------------------------|-------------|-------|-------------|
| President: | MAXINE D. JONES | 1025 E. DEDAR, APT B   | POCATELLO   | ID    | 83201       |
| Secretary: | SHAWN R. PIERCE | 1325 PRESTO #2         | IDAHO FALLS | ID    | 83402       |
| Directors: |                 |                        |             |       |             |

## 5. Nature of Business

RESTAURANT

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

Name (Typed or Printed)

SHAWN R. PIERCE

Date

Title SECRETARY