

No. <b>C112872</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1999</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</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>TWIN FALLS FAMILY RESTAURANT</b> <b>JOHN MCDANIEL</b> <b>NO 1212 WASHINGTON #306</b>  <b>SPOKANE WA 99223</b>		<b>LINDA ROACH</b> <b>4830 HIGHLAND DR</b>  <b>POST FALLS ID 83854</b>  3. Organized Under the Laws of:
<b>** FINAL NOTICE **</b>			
4. Corporations: Enter Names and Business 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> <b>PRES</b> <b>V. PRES</b>	<u>Name</u> <b>JOHN MCDANIEL</b> <b>NANCY MCDANIEL</b>	<u>Street or P.O. Address</u> <b>PERKINS FAMILY RESTAURANTS</b> <b>N. 1212 WASHINGTON #306</b> <b>SPOKANE, WA 99201-2314</b>	<u>City</u>  <u>State</u>  <u>Zip</u>  
5. <u>New</u> Registered Agent Signature		6.	
Signature _____ Name (Typed or Printed) _____		Date <b>10-14-99</b> Title <b>NEW AGENT CONTROLLER</b>	

ISSUED: 10-01-1999

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