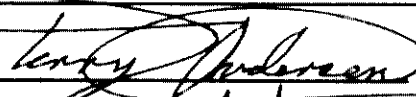
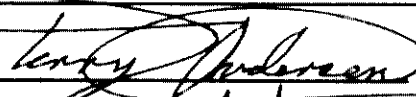
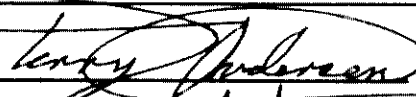


No. W 3221	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct		TERRY W ANDERSEN 3249 INDIAN SPRINGS RD AMERICAN FALLS ID 83211												
	AICO RECREATIONAL PROPERTIES TERRY W ANDERSEN PO BOX 309														
	AMERICAN FALLS ID 83211		3 Organized Under the Laws of ID W 3221												
4. Corporations: Enter Names and Business Addresses of <u>President</u> <u>Secretary</u> and <u>Directors</u> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <u>Managers</u> or <input type="checkbox"/> <u>Members</u> (check one) <table border="0"> <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>Manager,</td> <td>Terry Andersen</td> <td>3249 Indian Springs Rd,</td> <td>American Falls,</td> <td>ID</td> <td>83211</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager,	Terry Andersen	3249 Indian Springs Rd,	American Falls,	ID	83211
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5. SIGNATURE OF CURRENT RA	6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7/16/97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Terry Andersen</td> <td>Title</td> <td>Manager</td> </tr> </table>			Signature		Date	7/16/97	Name (Typed or Printed)	Terry Andersen	Title	Manager				
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Name (Typed or Printed)	Terry Andersen	Title	Manager												

ISSUED 07-04-1997

DO NOT TAPE OR STAPLE ↓

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