

No. <b>W 934</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</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 STOP, L.L.C.</b> <b>MAC EVANS</b> <del>3197 KIMBERLY RD</del> <b>P O Box 386</b>  <b>TWIN FALLS ID 83303</b>		<b>MAC EVANS</b> <b>3197 KIMBERLY RD</b>  <b>TWIN FALLS ID 83303</b>	
<b>* FIRST NOTICE *</b>		<b>TWIN FALLS ID 83303</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input checked="" type="checkbox"/> <b>Members</b> (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>
Mac N Evans		P O Box 425	Twin Falls	ID      83303
Janice Evans		P O Box 425	Twin Falls	ID      83303
5. <b>SIGNATURE OF CURRENT RA</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>Mac Evans</i></u> Date <u><b>7/18/96</b></u> Name (Typed or Printed) <u><b>MAC EVANS</b></u> Title <u><b>MEMBER</b></u>		

ISSUED: 07-08-1995

274