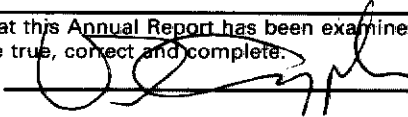


No. C 75103	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX VICTOR B. CYPHER 800 FALLS AVENUE, SUITE SUITE #9 TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct VICTOR B. CYPHER, L.P.A., P. VICTOR B. CYPHER P.O. BOX 1137 TWIN FALLS ID 83303		3. Organized Under the Laws of: ID C 76108	
* FIRST NOTICE *				
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>
PRES.	VICTOR B CYPHER	PO-Box 1137	TWIN FALLS	ID 83303
SEC.	VICTOR B. CYPHER	PO-Box 1137	TWIN FALLS	ID 83303
DIRECTOR	VICTOR B CYPHER	PO-Box 1137	TWIN FALLS	ID 83303
5. NATURE OF BUSINESS PUBLIC ACCOUNTING		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  Date 7/15/96 Name (Typed or Printed) _____ Title _____		

ISSUED: 07-06-1995

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