

No. C102133	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		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 NETWORKS, INC. CAMP 685 FIRST STREET IDAHO FALLS ID 83402		M N "JOE" CAMP 685 FIRST ST IDAHO FALLS ID 83401 3. Organized Under the Laws of: ID C102133													
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) <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>Pres., Secret., Director</td> <td>M N JOE CAMP</td> <td>685 1ST ST</td> <td>IDAHO FALLS,</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres., Secret., Director	M N JOE CAMP	685 1ST ST	IDAHO FALLS,	ID	83401
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres., Secret., Director	M N JOE CAMP	685 1ST ST	IDAHO FALLS,	ID	83401											
5. NATURE OF BUSINESS VR MASTER FRANCHISE		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>M N JOE CAMP</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>M N JOE CAMP</u> Title <u>Pres.</u>														

ISSUED: 07-06-1996

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