

No. C115192	<b>Annual Report Form</b> Due No Later Than November 30, 1996		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  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		MARCUS DEMIAN PO BOX 494  SILVERTON ID 83867																			
	MBD, INC.  PO BOX 494		3. Organized Under the Laws of:																			
	* FIRST NOTICE *		ID 83867																			
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</td> <td>Marcus Demian</td> <td>Box 494</td> <td>Silverton</td> <td>ID</td> <td>83867</td> </tr> <tr> <td>Sec. Treas</td> <td>Marina Demian</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Marcus Demian	Box 494	Silverton	ID	83867	Sec. Treas	Marina Demian	" "	" "	" "	" "
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Pres	Marcus Demian	Box 494	Silverton	ID	83867																	
Sec. Treas	Marina Demian	" "	" "	" "	" "																	
5. NATURE OF BUSINESS <b>MOTEL</b> ANY LAWFUL		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>Marcus Demian</u> Date <u>7-19-96</u> Name (Typed or Printed) <u>Marcus Demian</u> Title <u>Pres</u>																				

ISSUED: 07-06-1996

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