

No. C 98693	Annual Report Form 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 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct CENTRAL PARK, INC. ARLINE EXLINE 601 MAIN BOISE ID 83702		ARLINE EXLINE 601 MAIN BOISE ID 83702																		
	3. Organized Under the Laws of: ID C 98693																				
	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" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Arlene President</td> <td>Arlene Exline</td> <td>522 Linden</td> <td>Boise</td> <td>Id.</td> <td>83706</td> </tr> <tr> <td>Secretary</td> <td>Kelly Exline</td> <td>211 N 18th</td> <td>Boise</td> <td>Id.</td> <td>83702</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Arlene President	Arlene Exline	522 Linden	Boise	Id.	83706	Secretary	Kelly Exline	211 N 18 th	Boise	Id.	83702
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Secretary	Kelly Exline	211 N 18 th	Boise	Id.	83702																
5. NATURE OF BUSINESS RETAIL CLOTHING SALES	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>Arlene Exline</u> Date <u>7/13/96</u> Name (Typed or Printed) <u>Arlene Exline</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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