

No. C101753	Annual Report Form <i>Due No Later Than November 30,</i> 1996	2. Registered Agent and Office NOT A P.O. BOX TROY FAIRBANKS 800 YELLOWSTONE BLVD POCATELLO ID 83201
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 CHRIS MATTHEWS & ASSOCIATES 5 TRIAD CENTER STE 500 SALT LAKE CITY UT 84180	3. Organized Under the Laws of: UT C101738
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> <i>President/Sec.</i>	<u>Name</u> <i>Chris Matthews</i>	<u>Street or P.O. Address</u> <i>5 Triad Center #600</i>
<u>City</u> <i>SLC</i>	<u>State</u> <i>UT</i>	<u>Zip</u> <i>84180</i>
5. NATURE OF BUSINESS REAL ESTATE MANAGEMENT & LEASING		
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>[Signature]</i></u> Date <u><i>7/26/96</i></u> Name <small>(Typed or Printed)</small> <u><i>CHRIS MATTHEWS</i></u> Title <u><i>President/Sec</i></u>		

ISSUED: 07-06-1996

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