

No. 023330	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 JUL 22 AM 10:25	Due No Later Than November 1, 1987		LEO LARSEN 680 NEPTUNE DR. TAUTPHAUS IDAHO FALLS, IDAHO 83402																									
	1. Mailing Address — Please Correct 023330 WESTERN AMUSEMENT COMPANY DAWNA LARSEN P. O. BOX 276 IDAHO FALLS, IDAHO 83402																											
4. Names and Addresses of Officers and Directors			3. Incorporated Under The Laws of																									
			STATE OF IDAHO																									
<table border="1"> <thead> <tr> <th></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>President:</td> <td>LEO LARSEN</td> <td>BOX 276</td> <td>IDAHO FALLS</td> <td>ID.</td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td>DAWNA LARSEN</td> <td>BOX 276</td> <td>Idaho falls</td> <td>ID.</td> <td>83402</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	LEO LARSEN	BOX 276	IDAHO FALLS	ID.	83402	Secretary:	DAWNA LARSEN	BOX 276	Idaho falls	ID.	83402	Directors:					
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Directors:																												
5. Nature of Business AMUSEMENT PARK		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-6-87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>LEO LARSEN</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>			Signature		Date	7-6-87	Name (Typed or Printed)	LEO LARSEN	Title	PRESIDENT																
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