

No. C107664	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 ON THE EDGE, INC. CONNI OWEN PO BOX 53 DUBOIS ID 83423		ROBERT D WALKER 2275 CABALLERO IDAHO FALLS ID 83406 3. Organized Under the Laws of: ID C107664																			
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="1" data-bbox="19 351 1463 457"> <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>CONNI OWEN</td> <td>280 S. CLARK</td> <td>DUBOIS</td> <td>ID</td> <td>83423</td> </tr> <tr> <td>Sec.</td> <td>Robert Walker</td> <td>2275 Caballero</td> <td>Idaho Falls</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	CONNI OWEN	280 S. CLARK	DUBOIS	ID	83423	Sec.	Robert Walker	2275 Caballero	Idaho Falls	ID	83406
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5. NATURE OF BUSINESS. RETAIL BUSINESS		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>Connie Owen</u> Date <u>7-31-96</u> Name (Typed or Printed) <u>CONNI. OWEN</u> Title <u>PRES.</u>																				
ISSUED: 07-06-1996		9386																				