


No. W 3275	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		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 SHOUP AND B PLAZA, L.L.C. ILENE G OLSEN PO BOX 583		ILENE G OLSEN 333 SHOSHONE AVE REXBURG ID 83440														
	REXBURG ID 83440		3. Organized Under the Laws of: ID W 3275														
	4. Corporations: Enter Names and Business 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Ilene G. Olsen</td> <td>P.O. Box 583</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Ilene G. Olsen	P.O. Box 583	Rexburg	ID	83440
Office held	Name	Street or P.O. Address	City	State	Zip												
Manager	Ilene G. Olsen	P.O. Box 583	Rexburg	ID	83440												
5. Signature of New Registered Agent		6. <div style="margin-top: 10px;"> Signature <u></u> Date <u>Oct 15, 1999</u> </div> <div style="margin-top: 10px;"> Name <small>(Typed or Printed)</small> <u>Ilene G. Olsen</u> Title <u>Manager</u> </div>															

ISSUED: 07-03-1999

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