

No. **W 9901**

Due no later than Oct 31, 2000

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-00801. Mailing Address - Correct in this box, if applicable
TWIN FALLS TCBY, LLC

2302 E 4000 N

FILER, ID 83328

2. Registered Agent and Office **NO PO BOX**MAXINE DROWN
2302 E 4000 N

FILER, ID 83328

3. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

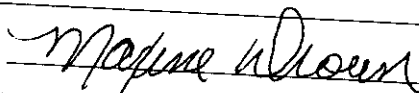
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MAXINE DROWN	2302 E. 4000 N.	FILER	ID	83328
VICE PRES.	GAYLORD DROWN	2302 E. 4000 N.	FILER	ID	83328

5. Organized Under the Laws of:

IDAHO
W 9901

6.

Signature



Date

10-20-00

Name
(Typed or
Printed)

MAXINE DROWN

Title:

PRESIDENT

~~XXXX~~

Issued 08/01/2000

Do Not Tape or Staple