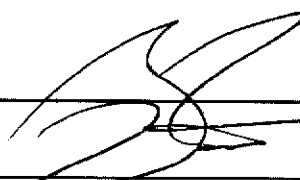


No. W 3136	<b>Annual Report Form</b> Due No Later Than November 30, 1997		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, if Not Correct  <b>MAGIC ACRES, L.L.C.</b> <b>ROBERT C RIETVELD</b> <b>PO BOX 850</b>  <b>WENDELL ID 83355</b>		<b>ROBERT C RIETVELD</b> <b>375 AVE D WEST,</b>  <b>WENDELL ID 83355</b>  3. Organized Under the Laws of:  <b>ID W 3136</b>													
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Robert C. Rietveld</td> <td>865 Mae Drive</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Robert C. Rietveld	865 Mae Drive	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Robert C. Rietveld	865 Mae Drive	Twin Falls	ID	83301											
5. <b>SIGNATURE OF CURRENT RA</b>  <b>Any Lawful</b>		6.  Signature _____ Date <u>10/14/97</u> Name (Type or Printed) <u>Robert C. Rietveld</u> Title <u>Manager</u>														

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

949