	INSTI	RUCTIONS ON REVERSE S	SIDE	TSSite	<u>) </u>	*1 - 1 - 1 - 1	
No. 577	Idaho Limited Liability Company Annual Report Form			2. Registered Agent and Office NOT A P.O. BOX			
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	Due No Later Than November 30, 1995 1 Mailing Address Please Correct If Not Correct			BRETT WRIGHT 1355 LINCOLN RD			
	TETON CONVENIENCE STORES, L.L.C BRETT WRIGHT 1355 LINCOLN RD IDAHO FALLS ID 83401			IDAHO FALLS ID 83401 3. Organized Under The Laws of			
** FINAL NOTICE ** NO FEE REQUIRED				NO:	577		
4. Names and Addresses of Managers or Members (check one)				MUST BE PRINTED OR TYPED			
<u>Name</u>	Street or	P.O. Address		City	<u>State</u>	Zip	
Brett Wright	2755	Desert dr.	Iba	ho talls	ID	83404	
Brett Wright Kris Wright	2794	St Charles	Idah	w Falls	= 1)	83484	
5. Signature of the Current Register	red Agent	6. Logrify that this Appua	l Penert has be	oon overmined	by me and is to	the best of my	
(if changed in block 2)	t .	6. I certify that this Annua knowledge true, correct Signature	t and complete	'n	Date 10-10	_	