

## INSTRUCTIONS ON REVERSE SIDE

No. 986	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office. NOT A P.O. BOX																
Return To	Due No Later Than November 30, 1995		PATRICIA R JENSEN 2221 OVERLAND AVE																
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct, if Not Correct CATERING CORNER L.L.C. PATRICIA R JENSEN 2221 OVERLAND AVE  BURLEY ID 83318		BURLEY ID 83318  3. Organized Under The Laws of ID NO: 986																
4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED																			
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PATRICIA R. JENSEN</td> <td>1901 MILLER AVE.</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>SHELLEY SANDERS</td> <td>RT 2, Box 2215</td> <td>BURLEY</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	PATRICIA R. JENSEN	1901 MILLER AVE.	BURLEY	ID	83318	SHELLEY SANDERS	RT 2, Box 2215	BURLEY	ID	83318
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SHELLEY SANDERS	RT 2, Box 2215	BURLEY	ID	83318															
5. Signature of the Current Registered Agent (if changed in block 2) <i>Patricia R. Jensen</i>		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 <i>Patricia R. Jensen</i> Date 8/5/95 Name (Typed or Printed) PATRICIA R. JENSEN																	