

No. <u>W 1964</u>	<b>Annual Report Form</b> Due No Later Than November 30, <u>1996</u>		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>	1. Mailing Address - Please Correct, If Not Correct  CAB INVESTMENTS, L.C. D GREGG BAKER 815 TRUAX COURT  IDAHO FALLS ID 83401		TRAVIS L BOWEN 497 N CAPITOL AVE STE 20  IDAHO FALLS ID 83405  3. Organized Under the Laws of:													
<b>* FIRST NOTICE *</b> IDAHO FALLS ID 83401 ID W 1964																
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" 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>Operating Manager</td> <td>D. Gregg Baker</td> <td>(as above)</td> <td></td> <td></td> <td></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>	Operating Manager	D. Gregg Baker	(as above)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Operating Manager	D. Gregg Baker	(as above)														
5. SIGNATURE OF CURRENT RA  ANY LAWFUL		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 <u>D. Gregg Baker</u> Date <u>10/31/96</u> Name (Typed or Printed) <u>D. Gregg Baker</u> Title <u>Operating Manager</u>														

ISSUED: 07-08-1996

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