

No. C 57917

**Annual Report Form**  
Due No Later Than November 30, 1995

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FEE REQUIRED****\* FIRST NOTICE \***

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  **Managers** or  **Members** (check one)

| <u>Office held</u> | <u>Name</u>     | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-----------------|-------------------------------|-------------|--------------|------------|
| Pres.              | Robert D. Rowe  | 148 Main Avenue S.            | Twin Falls  | ID           | 83301      |
| Sec.               | Marilyn M. Rowe | 148 Main Avenue S.            | Twin Falls  | ID           | 83301      |

5. **NATURE OF BUSINESS**  
RETAIL STORE

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 Sandra Sturgeon Date Nov. 29, 1996

Name (Typed or Printed) Sandra Sturgeon Title Bookkeeper

ISSUED: 07-06-1996

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