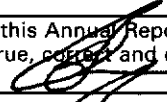


No. C 95636	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct FIESTA TIME, INC., NO. 4 BRIAN OLSEN 966 E. LINCOLN RD. #F 4795 Sagewood IDAHO FALLS ID 8340183406		BRIAN OLSEN 966 E. LINCOLN RD. #F 4795 Sagewood IDAHO FALLS ID 8340183406													
	3. Organized Under the Laws of: ID C 95636															
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Brian C. Olsen</td> <td>4795 Sagewood</td> <td>Ammon</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Brian C. Olsen	4795 Sagewood	Ammon	ID	83406
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Brian C. Olsen	4795 Sagewood	Ammon	ID	83406											
5. NATURE OF BUSINESS RESTAURANT		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></u> Date <u>10/1/96</u> Name (Typed or Printed) <u>Brian C. Olsen</u> Title <u>President</u>														

ISSUED: 07-06-1996

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