

No. <u>W 830</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		MAX S ALBERTSON 350 SPOON DR  POCATELLO ID 83204																			
	P & M, L.L.C. MAX S ALBERTSON 350 SPOON DR		3. Organized Under the Laws of:																			
	* FIRST NOTICE * POCATELLO ID 83204		ID W 830																			
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="1"> <thead> <tr> <th data-bbox="29 682 297 713">Office held</th> <th data-bbox="297 682 528 713">Name</th> <th data-bbox="528 682 1011 713">Street or P.O. Address</th> <th data-bbox="1011 682 1172 713">City</th> <th data-bbox="1172 682 1338 713">State</th> <th data-bbox="1338 682 1470 713">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="29 713 297 756"><del>Manager</del> <del>President</del> Manager</td> <td data-bbox="297 713 528 756">Max S. Albertson</td> <td data-bbox="528 713 1011 756">350 Spoon Dr</td> <td data-bbox="1011 713 1172 756">Pocatello</td> <td data-bbox="1172 713 1338 756">Id</td> <td data-bbox="1338 713 1470 756">83204</td> </tr> <tr> <td data-bbox="29 756 297 799"><del>Secretary</del></td> <td data-bbox="297 756 528 799">Pamela A. Moquin</td> <td data-bbox="528 756 1011 799">1465 Sunset Rd</td> <td data-bbox="1011 756 1172 799">Pocatello</td> <td data-bbox="1172 756 1338 799">Id</td> <td data-bbox="1338 756 1470 799">83204</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<del>Manager</del> <del>President</del> Manager	Max S. Albertson	350 Spoon Dr	Pocatello	Id	83204	<del>Secretary</del>	Pamela A. Moquin	1465 Sunset Rd	Pocatello	Id	83204
Office held	Name	Street or P.O. Address	City	State	Zip																	
<del>Manager</del> <del>President</del> Manager	Max S. Albertson	350 Spoon Dr	Pocatello	Id	83204																	
<del>Secretary</del>	Pamela A. Moquin	1465 Sunset Rd	Pocatello	Id	83204																	
5. SIGNATURE OF CURRENT RA		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>Max S. Albertson</u> Date <u>July 16, 1994</u> Name (Typed or Printed) <u>Max S. Albertson</u> Title <u>President</u>																				

ISSUED: 07-08-1996

107