<u> </u>	INSTRUCTIONS ON REVERSE SIDE	TO MISSUED: 07-04-1995
713 No.	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	SHANE MURPHY 1502 W BROADWAY
Secretary of State 700 W Jefferson P.O. Box 83720 Bgise, ID 83720-0080	1 Mailing Address - Please Conect If Not Correct MURPHY ENTERPRISES, L.L.C. SHANE MURPHY 1502 W BROADWAY	IDAHO FALLS ID 83403 3. Organized Under The Laws of
NO FEE REQUIRED	IDAHO FALLS ID 83403	NO: 713
4. Names and Addresses of Name SHAWE MURPHY JULIE MURPHY	Street or P.O. Address Street	MUST BE PRINTED OR TYPED City State Zip Clako Falls ID 83402 Claho Falls ID 83402
5. Signature of the Current Regist (if changed in block 2)	tered Agent 6. I certify that this Annual Report has be knowledge true, correct and complete Signature Name Proper SHAVE MILLER	Date 7/3/95