

No. C110018	Annual Report Form <i>Due No Later Than November 30,</i>		1996	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	1. Mailing Address - Please Correct, If Not Correct		DWIGHT J THOREN 5134 CHERRY LANE NAMPA ID 83687																			
	THORENS INC. RACHELLE THOREN 5134 CHERRY LANE		3. Organized Under the Laws of:																			
* FIRST NOTICE *	NAMPA	ID 83687	ID	C110018																		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 25%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres Pres/Treas</td> <td>Dwight Thoren</td> <td>5134 Cherry Lane</td> <td>Nampa</td> <td>ID</td> <td>83687</td> </tr> <tr> <td>Vice Pres/Secretary</td> <td>Rachelle Thoren</td> <td>"</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>	Pres Pres/Treas	Dwight Thoren	5134 Cherry Lane	Nampa	ID	83687	Vice Pres/Secretary	Rachelle Thoren	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
Pres Pres/Treas	Dwight Thoren	5134 Cherry Lane	Nampa	ID	83687																	
Vice Pres/Secretary	Rachelle Thoren	"	"	"	"																	
5. NATURE OF BUSINESS <i>Property Development</i> 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><i>Rachelle Thoren</i></u> Date <u><i>1/15/96</i></u>																				
		Name (Typed or Printed) <u><i>Rachelle Thoren</i></u> Title <u><i>Secretary</i></u>																				

ISSUED: 07-06-1996

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