

No. W 1446 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	Annual Report Form Due No Later Than November 30, 1996 1. Mailing Address - Please Correct, If Not Correct POPO AGIE LLC A BRUCE LARSON 241 S MAIN ST	2. Registered Agent and Office NOT A P.O. BOX A BRUCE LARSON 241 S MAIN ST SODA SPRINGS ID 83276 3. Organized Under the Laws of:																		
* FIRST NOTICE * SODA SPRINGS ID 83276 ID W 1446																				
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 checked="" type="checkbox"/> Members (check one) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">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: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>member</td> <td>A. Bruce LARSON</td> <td>241 S. Main St.</td> <td>Soda Springs</td> <td>Id.</td> <td>83276</td> </tr> <tr> <td>member</td> <td>GERALD L. BROWN</td> <td>241 S. Main St.</td> <td>Soda Springs</td> <td>Id.</td> <td>83276</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	member	A. Bruce LARSON	241 S. Main St.	Soda Springs	Id.	83276	member	GERALD L. BROWN	241 S. Main St.	Soda Springs	Id.	83276
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5. SIGNATURE OF CURRENT RA 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>A. Bruce Larson</i></u> Date <u>7-16-96</u> Name (Typed or Printed) <u>A. BRUCE LARSON</u> Title <u>Member</u>																			

ISSUED: 07-08-1996

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