

No. C 87009	Annual Report Form Due No Later Than November 30, 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 MAGNUSON HOSPITALITY GROUP, H. JAMES MAGNUSON P. O. BOX 469		H. JAMES MAGNUSON 316 SHERMAN AVENUE COEUR D'ALEN ID 83814	
* FIRST NOTICE *		WALLACE	ID 83873	ID C 87009
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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City-</u>	<u>State</u>
President	H. F. Magnuson	Box 469	Wallace	ID 83873
Secretary	R. M. MacPhee	Box 252	Kellogg	ID 83837
Director	H. F. Magnuson	Box 469	Wallace	ID 83873
Director	H. James Magnuson	Box 2288	Coeur d'Alene	ID 83814
Director	R. M. MacPhee	Box 252	Kellogg	ID 83837
Director	John Magnuson	Box 469	Wallace	ID 83873
Director	Kathleen J. Magnuson	Box 469	Wallace	ID 83873
Director	Thomas R. Magnuson	Box 469	Wallace	ID 83873
Director	Mary Elizabeth Magnuson	Box 469	Wallace	ID 83873
5. NATURE OF BUSINESS MOTEL		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>R. M. MacPhee</i></u> Date <u>8-1-96</u> Name (Typed or Printed) <u>R. M. MacPhee</u> Title <u>Secretary</u>		

ISSUED: 07-06-1996

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