

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

3. Organized Under the Laws of:

* 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 **Managers** or **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City-</u>	<u>State</u>	<u>Zip</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** 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 R. M. MacPhee Date 8-1-96

Name (Typed or Printed) R. M. MacPhee Title Secretary

ISSUED: 07-06-1995

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