

No. <b>C105615</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		MING H MA 703 MAIN ST  Caldwell ID 83605																									
	GOLDEN PALACE, INC. MING H MA 703 MAIN ST PO BOX 924 CALDWELL ID 83605		3. Organized Under the Laws of:  ID C105615																									
	4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>MING MA</td> <td>1404 2040 ST.</td> <td>CALDWELL</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Secretary</td> <td>CINDY MA</td> <td>1904 2040 ST.</td> <td>CALDWELL</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Director</td> <td>GUN MA</td> <td>714 W. GALLOWAY AVE.</td> <td>WEISER</td> <td>ID</td> <td>83672</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	MING MA	1404 2040 ST.	CALDWELL	ID	83605	Secretary	CINDY MA	1904 2040 ST.	CALDWELL	ID	83605	Director	GUN MA	714 W. GALLOWAY AVE.	WEISER	ID	83672
Office held	Name	Street or P.O. Address	City	State	Zip																							
President	MING MA	1404 2040 ST.	CALDWELL	ID	83605																							
Secretary	CINDY MA	1904 2040 ST.	CALDWELL	ID	83605																							
Director	GUN MA	714 W. GALLOWAY AVE.	WEISER	ID	83672																							
5. NATURE OF BUSINESS  RESTAURANT 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 <u><i>Ming Ma</i></u> Date <u>7/16/96</u> Name (Typed or Printed) <u>MING MA</u> Title <u>President</u>																										

ISSUED: 07-06-1996

12219