

No. C 92202	<b>Annual Report Form</b> Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX  TIM JONES <del>102 MAIN AVE N</del> 144 LINCOLN ST. TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  DUNKEN'S, INC. TIM JONES 102 MAIN AVE N  TWIN FALLS ID 83301	3. Organized Under the Laws of:  ID C 92202
* FIRST NOTICE *		
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	TIM D. JONES	144 LINCOLN ST
SECRETARY	LEAH D. JONES	1325 11th AVE.
TWIN FALLS,	ID	83301
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5. NATURE OF BUSINESS  RESTAURANT PUB		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>[Signature]</u> Date <u>9-3-96</u> Name (Typed or Printed) <u>Tim D. Jones</u> Title <u>President</u>

ISSUED: 07-06-1996

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