

No. <b>95703</b>	<b>Idaho Corporation Annual Report Form</b>	<b>2. Registered Agent and Office</b> NOT A P.O. BOX
Return To  <b>Secretary of State</b> <b>700 W Jefferson</b> <b>P.O. Box 83720</b> <b>Boise, ID 83720-0080</b> <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	<i>Due No Later Than November 30, 1995</i>	<b>Tina Ryle</b> <b>127E COLLEGE AVE.</b>
	<i>1. Mailing Address — Please Correct if Not Current</i>	<b>ST. MARIES</b> ID: <b>83861</b>
	<b>MICON, INC.</b> <b>Tina Ryle</b> <b>127E COLLEGE AVE.</b>  <b>ST. MARIES</b> ID <b>83861</b>	<b>3. Incorporated Under The Laws of</b> <b>ID</b> <b>NO: 95703</b>

**4. Names and Addresses of Officers and Directors**

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	Tina Ryle	845 Elm	St. Maries	ID	83861
Secretary:					
Directors:	Tina Ryle	845 Elm	St. Maries	ID	83861

**5. Nature of Business**

Resturant

**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

Name (Typed or Printed)

*Tina Ryle*  
**Tina Ryle**

Date

Title

**10/25/95**  
**President**