

No. C 50280	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX JULIAN M. PIVA HIWAY 93 N. CHALLIS ID 83226																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct CHALLIS LANES, INC. JULIAN M. PIVA P. O. BOX 625 CHALLIS ID 83226		3. Organized Under the Laws of: ID C 50280																		
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)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JULIAN M. PIVA</td> <td>PO Box 94</td> <td>CHALLIS</td> <td>ID</td> <td>83226</td> </tr> <tr> <td>SECRETARY</td> <td>PEGGY L. PIVA</td> <td>PO Box 94</td> <td>CHALLIS</td> <td>ID</td> <td>83226</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	JULIAN M. PIVA	PO Box 94	CHALLIS	ID	83226	SECRETARY	PEGGY L. PIVA	PO Box 94	CHALLIS	ID	83226
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SECRETARY	PEGGY L. PIVA	PO Box 94	CHALLIS	ID	83226																
5. NATURE OF BUSINESS BOWLING CENTER/CAFE		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>Peggy L. Piva</i></u> Date <u>10/25/96</u> Name (Typed or Printed) <u>PEGGY L. PIVA</u> Title <u>SECRETARY</u>																			
ISSUED: 10-05-1996																					

↓ DO NOT TAPE OR STAPLE ↓