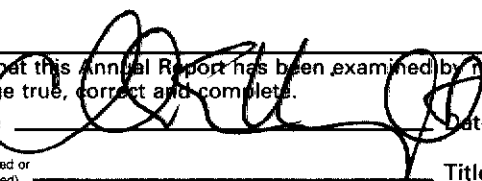


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|---|---|--|-------------|--------------|------------|
| No. 1517 | Annual Report Form <i>Due No Later Than November 30,</i> | 2. Registered Agent and Office NOT A P.O. BOX CHERY FAYLE 8002 OVERLAND RD BOISE ID 83709 | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address - Please Correct, if Not Correct MACCALL MANAGEMENT, L.L.C. CONTROLLER PO BOX 4106 SALT LAKE CITY UT 84110 | 3. Organized Under the Laws of: UT ID 1817 | | | |
| 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 checked="" 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> |
| | Crystal Maggelet | P.O. Box 4106 | SLC | UT. | 84110 |
| | Charles Maggelet | P.O. Box 4106 | SLC | UT. | 84110 |
| 5. SIGNATURE OF CURRENT RA ANY LAWFUL | | 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  Date <u>7/22/96</u> Name (Typed or Printed) _____ Title _____ | | | |
| ISSUED: 37-08-1996 | | 104 | | | |