No. 6174.	ε' 0		poration Annual Report Form or Than November 1, 1991	C-JOSEPH SALT	2. Registered Agent and Office NOT A P.O. BOX OSBURN SALISBURY C-JOSEPH SALISBURY		
Secretary of State Room 203, Statehouse Boise, ID 83720  ** FINAL NOTICE ** NO FEE REQUIRED		MAGIC CARPET TRAVELS OF BURLEY, C. JOSEPH SALISBURY 1416 OVERLAND OSBURN SALISBURY BURLEY ID 83318 0000		230 SHOSHONE	230 SHOSHONE ST EAST  THRETYTWIN FALLS TO 83308*  3. Incorporated Under The Laws  of 1		
				of the last			
. Names and	Addresses of Office	rs and Directors Name	Street or P.O. Address	City	State	<b>7</b> ia	
President: Secretary: Directors:	OSBURN SALIS	<u></u>	P.O. BOX MM	TWIN FALLS	State IDAHO	<u>Zip</u> 83303	
	OSBURN SALIS	BURY	P.O. BOX MM	TWIN FALLS	IDAHO	83303	
	RON SHOCKLEY		P.O. BOX MM	TWIN FALLS	IDAHO	83303	
	d.		,				
5. Nature of Bu		6. I cert true,	ify that this Annual Report has been correct and complete.	examined by me and is to the	ie best of my k	inowledge	
TRAVEL AGENCY		Signatu	o Golen tuny	Date			
		Name	Typed or OSBUKNSALISBURY	Title PR	Title PRESIDENT		

The state of the s