


No. <b>W 1764</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
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  PLANTATION PROFESSIONALS, LLC MARK J COHEN 290 QUINCY ST		MARK J COHEN 290 QUINCY ST  TWIN FALLS ID 83301	
* FIRST NOTICE *		TWIN FALLS	ID 83301	ID W 1764
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>
	MARK J. COHEN	290 QUINCY ST	TWIN FALLS	IDAHO 83301
	IRENE L. COHEN	290 QUINCY ST	TWIN FALLS	IDAHO 83301
	DOUG BELL	3527 E 4000N	KIMBERLY	IDAHO 83341
	ANNETTE BELL	3527 E 4000 N.	KIMBERLY	IDAHO 83341
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>7-19-96</u> Name (Typed or Printed) _____ Title _____		

ISSUED: 07-08-1996

256