

No. <b>C 35563</b>	<b>Annual Report Form</b> 19 <b>96</b> <i>Due No Later Than November 30,</i>		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>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>CATALINA, INC.</b> <b>JEAN HENDERSON</b> <b>1485 POLE LINE ROAD EAST</b> <b>C/O ROBYN TODD</b> <b>TWIN FALLS ID 83301</b>		<b>JEAN HENDERSON</b> <b>1485 POLE LINE ROAD EAST</b> <b>C/O ROBYN TODD</b> <b>TWIN FALLS ID 83301</b>  3. Organized Under the Laws of:  <b>ID C 83663</b>	
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input 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>
<i>President</i>	<i>Michael Olsen</i>	<i>1887 Charleston lane</i>	<i>S.L.C.</i>	<i>UT</i>
<i>V-Pres</i>	<i>Jean Henderson</i>	<i>1576 Bridlebrook Cir.</i>	<i>S.L.C.</i>	<i>UT</i>
<i>Secretary</i>	<i>Robyn Olsen</i>	<i>1887 Charleston lane</i>	<i>S.L.C.</i>	<i>UT</i>
5. NATURE OF BUSINESS  <b>RETAIL</b>		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>Michael H. Olsen</i></u> Date <u><i>7/30/96</i></u> Name (Typed or Printed) <u><i>Michael H. Olsen</i></u> Title <u><i>Pres.</i></u>		

ISSUED: 07-06-1995

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