

No. C 44245	<b>Annual Report Form</b> 1996 Due No Later Than November 30.		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>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct ALPHA SPA/ALPHA LADY, INC. VAL CARPENTER <del>1710 EAST 16TH STREET</del> 322 Tyra IDAHO FALLS ID 83401		VAL CARPENTER <del>1710 EAST 16TH STREET</del> 322 Tyra IDAHO FALLS ID 83401  3. Organized Under the Laws of: ID C 44245													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Val Carpenter</td> <td>322 Tyra</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83401</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Val Carpenter	322 Tyra	Idaho Falls	Idaho	83401
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres.	Val Carpenter	322 Tyra	Idaho Falls	Idaho	83401											
5. NATURE OF BUSINESS  HEALTH & RAQUET CLUB		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>Val Carpenter</u> Date <u>10/16/96</u> Name (Typed or Printed) <u>Val Carpenter</u> Title <u>Pres.</u>														

ISSUED: 10-05-1996

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