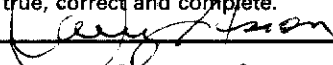


No. <u>W 725</u>	Annual Report Form Due No Later Than November 30, <u>1996</u>		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		GARY ASSON 2445 RIVER RD HEYBURN ID 83336	
	ASSON ENTERPRISES, L.L.C. GARY ASSON RT 1 BOX 1539 <u>P.O. Box 27</u> <u>BURLEY ID 83318</u>		3. Organized Under the Laws of:	
	* FIRST NOTICE * HEYBURN ID 83336		ID <u>W 725</u>	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input 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>
MGR.	GARY ASSON	2445 RIVER RD	HEYBURN	ID 83336
MGR	DAWNY W. ASSON	621 W 24TH ST	BURLEY	ID 83318
5. SIGNATURE OF CURRENT RA		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></u> Date <u>7-15-96</u> Name (Typed or Printed) <u>GARY ASSON</u> Title <u>Manager - Partner</u>		

ISSUED: 07-08-1996

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