


No. W 1806	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>TRAVIS L BOWEN, P.C.</b> 497 N CAPITAL AVE STE 20 IDAHO FALLS ID 83404
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 <b>LAS PALMAS, L.C.</b> <b>TY BOLTON ERICKSON</b> <b>3373 CHARLESTON LN</b>  <b>IDAHO FALLS ID 83404</b>		3. Organized Under the Laws of: ID W 1806

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Co operating Manager	Ty Erickson	3373 Charleston Lane	Idaho Falls	ID	83404
Co operating Manager	Jeff Baker	4604 E. Serenity Lane	Idaho Falls	ID	83404

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  Name (Typed or Printed) <u>Ty Erickson</u>	Date <u>10/28/94</u> Title <u>Co operating Manager</u>

ISSUED: 10-05-1996

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