

No. <b>C111604</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1996		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Kelly  <del>DAVID</del> BRAMBLETT          133 N 9TH ST            ST. MARIES ID 83851       </div>
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 <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         WINNER'S CORNER, INC. (THE)  <del>DARIN BRAMBLETT</del> Kelly Bramblett          133 N 9TH ST       </div>		3. Organized Under the Laws of:  
<div style="border: 1px solid black; padding: 5px;"> <b>* FIRST NOTICE *</b> ST. MARIES ID 83861 ID C111604       </div>			
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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Kelly J (Bramblett) Cox	<del>800</del> 133 N. 9th	St. Maries ID 83861
Secretary	Lisa Cox	College Ave.	St. Maries ID 83861
5. <b>NATURE OF BUSINESS</b>  <b>HEALTH &amp; FITNESS CENTER</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>Kelly J Cox</u> Date <u>7/26/96</u> Name (Typed or Printed) <u>Kelly J. Cox</u> Title <u>President</u>	

ISSUED: 07-06-1996

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