

No. C 95703	<b>Annual Report Form 1996</b> 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  MICON, INC. TINA RYLE 127E COLLEGE AVE.  ST. MARIES ID 83861		TINA RYLE 127E COLLEGE AVE.  ST. MARIES ID 83861  3. Organized Under the Laws of: ID C 95703													
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)																
<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>President</td> <td>tina Ryle</td> <td>845 Elm Street</td> <td>St. Maries</td> <td>Id.</td> <td>83861</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	tina Ryle	845 Elm Street	St. Maries	Id.	83861
Office held	Name	Street or P.O. Address	City	State	Zip											
President	tina Ryle	845 Elm Street	St. Maries	Id.	83861											
5. NATURE OF BUSINESS  RESTAURANT		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>Tina Ryle</u> Date <u>10/10/96</u> Name (Typed or Printed) <u>Tina Ryle</u> Title <u>president</u>														

ISSUED: 10-05-1996

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