

Annual Report Form 1996
Due No Later Than November 30,

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
CEDAR BEND, LIMITED LIABILITY
JOHN SCHERER
PO BOX 2127

KETCHUM ID 83340

JOHN SCHERER
104 GARNETT ST

KETCHUM ID 83340

3. Organized Under the Laws of:
ID W 949

**** FINAL NOTICE ****

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
MANAGER	John SCHERER	PO Box 2127	Ketchum	ID	83340

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 [Signature] Date 10/15/96
Name (Typed or Printed) JOHN SCHERER Title MANAGER

ISSUED: 10-05-1996