

No. 077192 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 87 OCT 15 AM 9 07	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987 1. Mailing Address — Please Correct 077192 IDAHO FOOD CONCESSIONS, INC. PETERSEN, MOSS, ET AL. 485 E STREET IDAHO FALLS, IDAHO 83402	2. Registered Agent and Office ROBERT R. MEIKLE RT. 9 BOX 155, BELLIN RD IDAHO FALLS, IDAHO 83401 3. Incorporated Under The Laws of ENTERED OCT 15 1987 STATE OF IDAHO																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Ann MEIKLE</td> <td>2767 Surrey</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83404</td> </tr> <tr> <td>Secretary:</td> <td>Bob MEIKLE</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Ann MEIKLE	2767 Surrey	Idaho Falls	Idaho	83404	Secretary:	Bob MEIKLE	Same				Directors:					
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Secretary:	Bob MEIKLE	Same																								
Directors:																										
5. Nature of Business Food Service	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature Ann Meikle Name (Typed or Printed) Ann MEIKLE </td> <td style="width: 40%;"> Date Oct. 7 Title Pres. </td> </tr> </table>		Signature Ann Meikle Name (Typed or Printed) Ann MEIKLE	Date Oct. 7 Title Pres.																						
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