

No. C 81303	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX CLIFFORD LONG 505 N. CAPITAL AVENUE IDAHO FALLS ID 83402
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 IDAHO INNOVATION CENTER, INC TIM ALLEN, MGR. 2300 N YELLOWSTONE IDAHO FALLS ID 83401	3. Organized Under the Laws of: ID C 81308
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors 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>
<i>President</i>	<i>Clifford V Long</i>	<i>605 N Capital</i>
<i>Vice President</i>	<i>Alex Creek</i>	<i>656 11th Street</i>
<i>Sec/Treasurer</i>	<i>Steven Parry</i>	<i>P.O. Box 51630</i>
<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Idaho Falls</i>	<i>ID</i>	<i>ID</i>
<i>Idaho Falls</i>	<i>ID</i>	<i>ID</i>
<i>Idaho Falls</i>	<i>ID</i>	<i>ID</i>
5. NATURE OF BUSINESS ECONOMIC DEVELOPMENT		
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><i>Timothy J. Allen</i></u>		Date <u><i>7-15-96</i></u>
Name (Typed or Printed) <u><i>Timothy J. Allen</i></u>		Title <u><i>Director</i></u>

ISSUED: 07-06-1996

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