

ISSUED: 07-05-1994

No. 95636	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		BRIAN OLSEN																					
	1. Mailing Address —		11250 BELLERIVE DR.																					
	FIESTA TIME, INC., NO. 4 BRIAN OLSEN 11250 BELLERIVE DR. IDAHO FALLS ID 83404		IDAHO FALLS ID 83404 3. Incorporated Under The Laws of ID NO: 95636																					
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																								
<table border="1"> <thead> <tr> <th data-bbox="41 409 536 441">Name</th> <th data-bbox="536 409 1181 441">Street or P.O. Address</th> <th data-bbox="1181 409 1379 441">City</th> <th data-bbox="1379 409 1495 441">State</th> <th data-bbox="1495 409 1622 441">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="41 441 536 494">President: Brian Olsen</td> <td data-bbox="536 441 1181 494">11250 So. Bellerive Dr.</td> <td data-bbox="1181 441 1379 494">I.F.</td> <td data-bbox="1379 441 1495 494"></td> <td data-bbox="1495 441 1622 494">83404</td> </tr> <tr> <td data-bbox="41 494 536 526">Secretary:</td> <td data-bbox="536 494 1181 526"></td> <td data-bbox="1181 494 1379 526"></td> <td data-bbox="1379 494 1495 526"></td> <td data-bbox="1495 494 1622 526"></td> </tr> <tr> <td data-bbox="41 526 536 558">Directors:</td> <td data-bbox="536 526 1181 558"></td> <td data-bbox="1181 526 1379 558"></td> <td data-bbox="1379 526 1495 558"></td> <td data-bbox="1495 526 1622 558"></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Brian Olsen	11250 So. Bellerive Dr.	I.F.		83404	Secretary:					Directors:				
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President: Brian Olsen	11250 So. Bellerive Dr.	I.F.		83404																				
Secretary:																								
Directors:																								
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																							
Restaurant	<table border="1"> <tr> <td data-bbox="536 845 1230 941">Signature</td> <td data-bbox="1230 845 1622 941">Date 8-19-94</td> </tr> <tr> <td data-bbox="536 941 1230 974">Name (Typed or Printed) Brian Olsen</td> <td data-bbox="1230 941 1622 974">Title Owner</td> </tr> </table>				Signature	Date 8-19-94	Name (Typed or Printed) Brian Olsen	Title Owner																
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