

No. C 70067	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MEXWEST, INC. LORIN E. PETERSON, JR. P. O. BOX 4817 BOISE ID 83704		LORIN E. PETERSON, JR. 3232 MOUNTAIN VIEW DRIVE BOISE ID 83704 3. Organized Under the Laws of: ID C 70067																			
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)																						
<table border="1"> <thead> <tr> <th data-bbox="19 680 297 702">Office held</th> <th data-bbox="297 680 528 702">Name</th> <th data-bbox="528 680 1040 702">Street or P.O. Address</th> <th data-bbox="1040 680 1205 702">City</th> <th data-bbox="1205 680 1321 702">State</th> <th data-bbox="1321 680 1485 702">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="19 702 297 744">President</td> <td data-bbox="297 702 528 744">L.E. Peterson Jr.</td> <td data-bbox="528 702 1040 744">1621 Warm Springs</td> <td data-bbox="1040 702 1205 744">Boise</td> <td data-bbox="1205 702 1321 744">ID</td> <td data-bbox="1321 702 1485 744">83712</td> </tr> <tr> <td data-bbox="19 744 297 787">Secretary & V.P.</td> <td data-bbox="297 744 528 787">E.B. Peterson</td> <td data-bbox="528 744 1040 787">3232 mtn View</td> <td data-bbox="1040 744 1205 787">Boise</td> <td data-bbox="1205 744 1321 787">ID</td> <td data-bbox="1321 744 1485 787">83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	L.E. Peterson Jr.	1621 Warm Springs	Boise	ID	83712	Secretary & V.P.	E.B. Peterson	3232 mtn View	Boise	ID	83704
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President	L.E. Peterson Jr.	1621 Warm Springs	Boise	ID	83712																	
Secretary & V.P.	E.B. Peterson	3232 mtn View	Boise	ID	83704																	
5. NATURE OF BUSINESS Inactive 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.																				
Signature _____		Date <u>7-26-96</u>																				
Name (Typed or Printed) <u>Lorin E. Peterson Jr</u>		Title <u>Pres.</u>																				

ISSUED: 07-06-1996

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