

No. C 58569	<b>Annual Report Form</b> Due No Later Than November 30, 1995		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>TEN CASCADE, INC.</b> <b>CLAUDE R. FIELDS</b> <b>BOX 263</b>  <b>CASCADE ID 33611</b>		<b>CLAUDE FIELDS</b> <b>MAIN ST., BOX 699</b>  <b>CASCADE ID 83611</b>  3. Organized Under the Laws of:  <b>ID C 58569</b>																
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> 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="39 665 536 696">5. NATURE OF BUSINESS</th> <th colspan="4" data-bbox="536 665 1473 696">6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</th> </tr> <tr> <th data-bbox="39 696 536 828">GROCERY</th> <th data-bbox="536 696 1098 760">Signature</th> <th data-bbox="1098 696 1473 760">Date</th> <th data-bbox="536 760 1098 828">Name (Typed or Printed)</th> <th data-bbox="1098 760 1473 828">Title</th> </tr> </thead> <tbody> <tr> <td></td> <td><i>Juanita C. Fields</i></td> <td><i>8-16-96</i></td> <td><i>Juanita C. Fields</i></td> <td><i>Sec.</i></td> </tr> </tbody> </table>					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.				GROCERY	Signature	Date	Name (Typed or Printed)	Title		<i>Juanita C. Fields</i>	<i>8-16-96</i>	<i>Juanita C. Fields</i>	<i>Sec.</i>
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ISSUED: 07-06-1996

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