

No. <b>C100744</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>CAROL HAWKINS</b> <b>314 SECOND AVE E</b>  <b>TWIN FALLS ID 83301</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>MAGIC VALLEY FLOOR COVERINGS</b>  <b>314 2ND AVE E</b>  <b>TWIN FALLS ID 83301</b>	3. Organized Under the Laws of:  <b>ID C100744</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"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u> <i>President</i> <i>Secretary</i>	<u>Name</u> <i>Douglas Hawkins</i> <i>Carol Hawkins</i>	<u>Street or P.O. Address</u> <i>545 Cypress Way</i> <i>545 Cypress Way</i>
	<u>City</u> <i>Twin Falls</i> <i>Twin Falls</i>	<u>State</u> <i>ID</i> <i>ID</i>
		<u>Zip</u> <i>83307</i> <i>83307</i>
5. <b>NATURE OF BUSINESS</b>  <b>CARPET SALES</b>		
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>Douglas Hawkins</i></u> Date <u><i>10-12-96</i></u> Name (Typed or Printed) <u><i>Douglas Hawkins</i></u> Title <u><i>Pres.</i></u>		

ISSUED: 10-05-1996

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↓ DO NOT TAPE OR STAPLE ↓