

No. <u>W 715</u>	Annual Report Form <u>1995</u> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX <u>NADINE JACOBSON</u> <u>203 ILLINOIS</u> COUNCIL ID <u>83612</u>																			
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 <u>GENERAL STORE, L.L.C. (THE)</u> <u>NADINE JACOBSON</u> <u>HC79 BOX 87A</u> <u>MELBA</u> ID <u>83641</u>		3. Organized Under the Laws of: ID W <u>715</u>																			
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																					
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>NADINE JACOBSON</td> <td>HC79 BOX 87A</td> <td>MELBA</td> <td>ID</td> <td>83641</td> </tr> <tr> <td></td> <td>DWANE E. JACOBSON</td> <td>HC79 BOX 87A</td> <td>MELBA</td> <td>ID</td> <td>83641</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	NADINE JACOBSON	HC79 BOX 87A	MELBA	ID	83641		DWANE E. JACOBSON	HC79 BOX 87A	MELBA	ID	83641
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5. SIGNATURE OF CURRENT RA		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>Nadine Jacobson</u> Date <u>9-30-96</u> Name (Typed or Printed) <u>NADINE JACOBSON</u> Title <u>President</u>																				

ISSUED: 37-08-1996

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