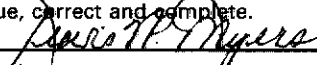
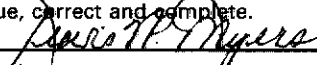
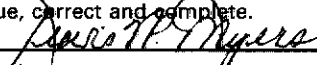


No. C107211	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct P AND L MANAGEMENT INC. PO DRAWER AN FILER ID 83328		LEWIS W MYERS 4482 N 2100 E FILER ID 83328 3. Organized Under the Laws of: ID C107211																			
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="0"> <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>LEWIS W. MYERS</td> <td>PO DRAWER AN</td> <td>FILER</td> <td>ID</td> <td>83328</td> </tr> <tr> <td>SECRETARY</td> <td>PATRICIA A MYERS</td> <td>174 MAURICE ST W APT # 4112</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	LEWIS W. MYERS	PO DRAWER AN	FILER	ID	83328	SECRETARY	PATRICIA A MYERS	174 MAURICE ST W APT # 4112	TWIN FALLS	ID	83301
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5. NATURE OF BUSINESS BUSINESS MANAGEMENT/BOOKKEEPING	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-19-96</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>LEWIS W MYERS</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>				Signature		Date	7-19-96	Name (Typed or Printed)	LEWIS W MYERS	Title	PRESIDENT										
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ISSUED: 07-06-1996

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