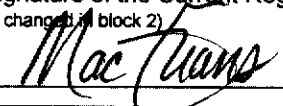



## INSTRUCTIONS ON REVERSE SIDE

| No. 934   | <b>Idaho Limited Liability Company Annual Report Form</b>                     |   | 2. Registered Agent and Office NOT A P.O. BOX                              |       |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
|---|---|---|--|-------|------|------------------------|------|-------|-----|-------------|-------------|------------|----|-------|--------------|-------------|------------|----|-------|
| Return To<br><br>Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED   | Due No Later Than November 30, 1995   |   | MAC EVANS<br>3197 KIMBERLY RD  |       |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
|   | 1. Mailing Address -- Please Correct If Not Correct                           |   |  |       |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
|   | TWIN STOP, L.L.C.<br>MAC EVANS<br>3197 KIMBERLY RD<br><br>TWIN FALLS ID 83301 |   | TWIN FALLS ID 83301<br><br>3. Organized Under The Laws of<br>ID<br>NO: 934 |       |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
| 4. Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) MUST BE PRINTED OR TYPED   |   |   |  |       |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Mac N Evans</td> <td>P O Box 425</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Janice Evans</td> <td>P O Box 425</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table> |   |   |  |       | Name | Street or P.O. Address | City | State | Zip | Mac N Evans | P O Box 425 | Twin Falls | ID | 83303 | Janice Evans | P O Box 425 | Twin Falls | ID | 83303 |
| Name  | Street or P.O. Address  | City  | State  | Zip   |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
| Mac N Evans   | P O Box 425   | Twin Falls  | ID   | 83303 |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
| Janice Evans  | P O Box 425   | Twin Falls  | ID   | 83303 |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |
| 5. Signature of the Current Registered Agent<br>(if changed in block 2)<br>   |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature  Date 7/21/95<br>Name (Typed or Printed) |  |       |      |                        |      |       |     |             |             |            |    |       |              |             |            |    |       |