

FEE \$ 25.00
ON OR BEFORE
DATE DUE 07/31/96
REPORT YEAR 1996

STATE OF COLORADO
BIENNIAL REPORT OF
A CORPORATION OR LIMITED LIABILITY COMPANY

JUL 3 0 1996
THIS FORM MUST BE TYPED

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING
SUBMIT SIGNED FORM WITH FILING FEE

MAILING DATE 05/01/96

INFORMATION BELOW IS ON FILE IN THIS OFFICE - DO NOT CHANGE PRE-PRINTED INFORMATION

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP 941061240 DN STATE/COUNTRY OF INC CO FAYHEE JOHN FRIENDS OF THE EAGLE'S NEST WILDERNE SS 121 FOREST DR UNIT #B POB 531 FRISCO CO 80443	FOR OFFICE USE ONLY 961100078 C \$25.00 SECRETARY OF STATE 07-30-96 14:11 FIRST REPORT OR CORRECTIONS IN THIS COLUMN
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Return completed reports to:
Department of State
Corporate Report Section
1560 Broadway, Suite 200
Denver, CO 80202

TYPE NEW AGENT NAME		
SIGNATURE OF NEW REGISTERED AGENT		
MUST HAVE A STREET ADDRESS		
CITY	STATE CO	ZIP

OFFICERS NAME AND ADDRESS	TITLE
	Jim Anthony P.O. Box 1789 Dillon, CO 80435
	Mark DeBonville P.O. Box 364 Frisco, CO 80443

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS	(If you have less than 3 shareholders, you may list less than 3 directors)
FAYHEE JOHN PO BOX 531 FRISCO CO 80443 V	Maryanne Gaug P.O. Box 718 Silverthorne, CO 80498
JONES TOM PO BOX 131 DILLON CO 80435	Joan Theroux P.O. Box 106 Frisco, CO 80443
CRAVEN CURRIE PO BOX 7101 BRECKENRIDGE CO 80424 P	John Taylor P.O. Box 2458 Silverthorne, CO 80498

Address of Principal Place of Business
Street _____
City _____ State _____ Zip _____

SIGNATURE

Under penalties of perjury and as an authorized officer, I declare that this biennial report and, if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

BY Mark DeBonville
Authorized Agent
TITLE Treasurer DATE 7-29 1996

NOTE: **DO NOT USE THIS BOX** IF THIS IS YOUR FIRST REPORT!!! SEE INSTRUCTIONS ON REVERSE. IF THERE ARE NO CHANGES SINCE YOUR LAST REPORT, MARK THIS BOX, SIGN ABOVE AND RETURN WITH THE FEE AND BY THE DATE DUE INDICATED ABOVE (UPPER LEFT HAND CORNER). IF YOU ARE FILING AFTER THE DATE DUE ABOVE, CONTACT THIS OFFICE FOR THE PROPER FEE. (303) 894-2251

SEE INSTRUCTIONS ON BACK