

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

FEE \$ 45.00
ON OR BEFORE 10/31/1998
DATE DUE 1998
REPORT YEAR

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

THIS FORM MUST BE TYPED

08/31/1998

MAILING DATE

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

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP 19941061240 DNC STATE/COUNTRY OF INC CO CRAVEN CURRIE FRIENDS OF THE EAGLE'S NEST WILDERNE SS PO BOX 7101 BRECKENRIDGE CO 80424	FOR OFFICE USE ONLY 19981179788 M \$ 45.00 SECRETARY OF STATE 10-06-1998 14:01:03 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
CRAVEN CURRIE PO BOX 7101 BRECKENRIDGE CO 80424	PR
FAYHEE JOHN PO BOX 531 FRISCO CO 80443	VP JONATHAN KRIEDEL P.O. BOX 2342 SILVERTHORNE, CO. 80498
DEBONVILLE MARK PO BOX 364 FRISCO CO 80443	TR JOHN TAYLOR P.O. BOX 2458 SILVERTHORNE, CO. 80498

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS	(If you have less than 3 shareholders, you may list less than 3 directors)
CRAVEN CURRIE PO BOX 7101 BRECKENRIDGE CO 80424	
FAYHEE JOHN PO BOX 531 FRISCO CO 80443	
GAUG MARYANNE PO BOX 718 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 *John Taylor* Authorized Agent
TITLE *Treasurer* DATE *Oct 10, 1998*

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