



FEE \$ 25.00

ON OR BEFORE

DATE DUE 09/30/1998

REPORT YEAR 1998

STATE OF COLORADO
BIENNIAL REPORT OF

A CORPORATION OR LIMITED LIABILITY COMPANY

007

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

SUBMIT SIGNED FORM WITH FILING FEE

THIS FORM MUST BE TYPED

MAILING DATE 07/01/1998

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

CORPORATE NAME REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP

19871275446 DNC STATE/COUNTRY OF INC CO
LAWLEY, THOMAS
CARBONDALE COUNCIL ON ARTS AND HUMAN
ITIES
645 MAIN ST
CARBONDALE CO 81623

FOR OFFICE USE ONLY

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SECRETARY OF STATE

09-30-1998 13:19:47

FIRST REPORT OR CORRECTIONS IN THIS COLUMN

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	
TRAVIS GAYLE 0425 STAGECOACH LANE CARBONDALE CO 81623	PR	Lucy Stephenson PO Box 742 Carbondale CO 81623
WINSTON LON 1266 CTY RD 112 CARBONDALE CO 81623	VP	Abba Krieger 1215 Ivy Lane Carbondale CO 81623
KRIEGER ABBA 734 MAIN ST CARBONDALE CO 81623	SE	Patty Schenck 0506 Road 105 Carbondale CO 81623

DIRECTORS OR LIMITED LIABILITY COMPANY MANAGERS

BANK CHRIS
0495 CATTLE CREEK RD
CARBONDALE CO 81623

(If you have less than 3 shareholders, you may list less than 3 directors)

Lynn Aliya
707 Overlin Drive
Glenwood Springs CO 81601

Address of Principal Place of Business

Street 645 Main St.

City Carbondale CO 81623

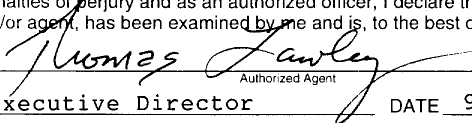
State

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


Authorized Agent

TITLE Executive Director

DATE 9/3/98 19



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

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