

| No. C 77198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Due no later than November 30, 2005<br>Annual Report Form                                                                                                                                                              |                        | 2. Registered Agent and Office NO PO BOX                                                                                                                                                                                                                                                 |                                     |                     |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|------------------------------------------------|------------------------|-------|-----|-------|-----------|-------------|------------|----|-------|------|-----------------|----------------|------------|----|-------|-------|-------------|-----------------|------------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FILING FEE IF<br>RECEIVED BY DUE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address - Correct in this box, if applicable<br><br>POST FALLS LIONS CLUB, INC.<br>P O BOX 1076<br>POST FALLS, ID 83877<br><br><i>James H White</i>                                                         |                        | <del>KEN COOK</del><br><del>507 N MILL</del><br><del>COEUR D'ALENE, ID 83814</del><br><i>James White</i><br><i>2872 Midway</i><br><i>Post Falls ID 83854</i><br>3. New Registered Agent Signature<br> |                                     |                     |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <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>Pres.</td> <td>Jim White</td> <td>2872 Midway</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Sec.</td> <td>Lynnon Harriman</td> <td>461 S. Park Dr</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Tres.</td> <td>Tom Malzahn</td> <td>740 Chisholm Ct</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table> |                                                                                                                                                                                                                        |                        |                                                                                                                                                                                                                                                                                          | Office held                         | Name                | Street or P.O. Address                         | City                   | State | Zip | Pres. | Jim White | 2872 Midway | Post Falls | ID | 83854 | Sec. | Lynnon Harriman | 461 S. Park Dr | Post Falls | ID | 83854 | Tres. | Tom Malzahn | 740 Chisholm Ct | Post Falls | ID | 83854 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name                                                                                                                                                                                                                   | Street or P.O. Address | City                                                                                                                                                                                                                                                                                     | State                               | Zip                 |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| Pres.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jim White                                                                                                                                                                                                              | 2872 Midway            | Post Falls                                                                                                                                                                                                                                                                               | ID                                  | 83854               |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| Sec.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lynnon Harriman                                                                                                                                                                                                        | 461 S. Park Dr         | Post Falls                                                                                                                                                                                                                                                                               | ID                                  | 83854               |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| Tres.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tom Malzahn                                                                                                                                                                                                            | 740 Chisholm Ct        | Post Falls                                                                                                                                                                                                                                                                               | ID                                  | 83854               |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>C 77198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. <table border="1"> <tr> <td>Signature <i>Lynnon E. Harriman</i></td> <td>Date <i>11-9-05</i></td> </tr> <tr> <td>Name (Typed or Printed) <i>LYNNON HARRIMAN</i></td> <td>Title <i>Secretary</i></td> </tr> </table> |                        |                                                                                                                                                                                                                                                                                          | Signature <i>Lynnon E. Harriman</i> | Date <i>11-9-05</i> | Name (Typed or Printed) <i>LYNNON HARRIMAN</i> | Title <i>Secretary</i> |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| Signature <i>Lynnon E. Harriman</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date <i>11-9-05</i>                                                                                                                                                                                                    |                        |                                                                                                                                                                                                                                                                                          |                                     |                     |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |
| Name (Typed or Printed) <i>LYNNON HARRIMAN</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title <i>Secretary</i>                                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                          |                                     |                     |                                                |                        |       |     |       |           |             |            |    |       |      |                 |                |            |    |       |       |             |                 |            |    |       |

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