Due No Later Than November 1,1989 1. Mailing Address - Please Correct 87289 2. OF STATE 100	87289 No.	Idaho Corporatio	n Annual Report Form	2. Registered Agent and RAYMOND R. VAU	Office
Secretary of State Room 203, Statehouse Boise, ID 83720 ECE Boise, ID 83720 NO FEE REQUIRED A Names and Addresses of Officers and Directors Name Street or PO. Address President: RAYMOND NAUDREUT LIND A NAUDREUT 1. Mailing Address - Please Correct 87289 PINEGLEN ESTATES HOMEOWNERS ASSO COEUR D'ALENE JU 838 COEUR D'ALENE J. Milling Address - Please Correct 87289 PINEGLEN ESTATES HOMEOWNERS ASSO COEUR D'ALENE J. Mailing Address - Please Correct 87289 FINEGLEN ESTATES HOMEOWNERS ASSO COEUR D'ALENE J. Milling Address - Please Correct 87289 FINEGLEN ESTATES COEUR D'ALENE J. Mailing Address - Please Correct 87289 COEUR D'ALENE J. Mailing Address - Please Correct 87289 COEUR D'ALENE J. Mailing Address - Please Correct STEPL D'ALENE J. Mailing Address - Please Correct 87289 COEUR D'ALENE J. Mailing Address - Please Correct STEPL D'ALENE J. Mailing Address COEUR D'ALENE J. Mailing Address COEUR D'ALENE J. Mailing Address J. Mailing Address J. Mailing Address COEUR D'ALENE J. Mailing Address J. Mailing Address J. Mailing Address COEUR D'ALENE J. Mailing Address J. Mai		Due No Later Than	November 1,1989	LOSE COVERNMEN	T WAY, SUITE
Secretary of State Room 203, Statehouse Boise, ID 83720 RAYMOND R. VAUDREUTE RAIMSOR OF STATE NO FEE REQUIRED OF STATE NO FEE REQUIRED OF ALENE ID 83814 NO: 87289 A Names and Addresses of Officers and Directors Name Street or P.O. Address City State President: Secretary: Directors: Directors:				- 1410 LINCOLN	WAY, SUITE
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President: RAYMOND NAVOREUTL 421 N. 215 ST. COEUR O'ALENE FO. 8381 Secretary: LINO A NAVOREUTL 11		ere and Directors			***************************************
	T. Names and Addresses of Office	Nome	Stroot or DO Address	City	State 7in
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	President: RAVM	IOND VAUDREUTC	- 421 N1212 311	COEUR O HERE	(4
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	President: Secretary: Directors:	OND VAUDREUTIC	- 421 N1212 311	1 (
		6. I certify that t	this Annual Report ha s been ex		
true, correct and complete.		6. I certify that true, correct	this Annual Report ha s been ex	camined by me and is to the b	pest of my knowledge
Homeowar's Association Name (Typed or RAYMOND VAUDREUSE Title PRESEDENT)	5. Nature of Business	6. I certify that true, correct	this Annual Report has been ex and complete.	camined by me and is to the b	pest of my knowledge