

| No.      W    8824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Annual Report Form</b> 1999<br><i>Due No Later Than November 30,</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br>TIM S OLSON<br>651 N SIERRA VIEW WAY<br>EAGLE                      ID    83616 |                  |                     |                        |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|------------------------|---------|-------------------------------------------|-----------------------|--------|------------------|------------------------|-------|-------|-------|--------|---------------------|-------------------|-------------|-------|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>NO FEE REQUIRED</b><br><b>* FIRST NOTICE *</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. Mailing Address - Please Correct, If Not Correct<br>PINNACLE PROFESSIONAL GROUP,<br>TIM S OLSON<br>651 N SIERRA VIEW WAY<br>EAGLE                      ID 83616                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. Organized Under the Laws of:<br>ID                      W    8824                                                                   |                  |                     |                        |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> <b>Members</b> (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                  |                     |                        |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
| <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Member</td> <td style="vertical-align: top;">Tim S. Olson</td> <td style="vertical-align: top;">651 N. SIERRA VIEW WAY</td> <td style="vertical-align: top;">Eagle</td> <td style="vertical-align: top;">Idaho</td> <td style="vertical-align: top;">83616</td> </tr> <tr> <td style="vertical-align: top;">member</td> <td style="vertical-align: top;">Michael V.P. Ortman</td> <td style="vertical-align: top;">4920 E. Royal DR.</td> <td style="vertical-align: top;">Post Falls,</td> <td style="vertical-align: top;">Idaho</td> <td style="vertical-align: top;">83854</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | Office held      | Name                | Street or P.O. Address | City    | State                                     | Zip                   | Member | Tim S. Olson     | 651 N. SIERRA VIEW WAY | Eagle | Idaho | 83616 | member | Michael V.P. Ortman | 4920 E. Royal DR. | Post Falls, | Idaho | 83854 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Street or P.O. Address                                                                                                                 | City             | State               | Zip                    |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
| Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tim S. Olson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 651 N. SIERRA VIEW WAY                                                                                                                 | Eagle            | Idaho               | 83616                  |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
| member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Michael V.P. Ortman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4920 E. Royal DR.                                                                                                                      | Post Falls,      | Idaho               | 83854                  |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
| 5. Signature of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;"><i>Tim S. Olson</i></td> <td style="width: 10%;">Date</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">7/16/99</td> </tr> <tr> <td>Name<br/><small>(Typed or Printed)</small></td> <td style="border-bottom: 1px solid black; text-align: center;">Tim S. Olson (member)</td> <td>Title</td> <td style="border-bottom: 1px solid black; text-align: center;">Registered Agent</td> </tr> </table> |                                                                                                                                        | Signature        | <i>Tim S. Olson</i> | Date                   | 7/16/99 | Name<br><small>(Typed or Printed)</small> | Tim S. Olson (member) | Title  | Registered Agent |                        |       |       |       |        |                     |                   |             |       |       |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>Tim S. Olson</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                                                                                                                   | 7/16/99          |                     |                        |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |
| Name<br><small>(Typed or Printed)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tim S. Olson (member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Title                                                                                                                                  | Registered Agent |                     |                        |         |                                           |                       |        |                  |                        |       |       |       |        |                     |                   |             |       |       |

ISSUED: 07-03-1999

3257