NO. W 2498

Annual Report Form 1997

Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

CAMPUS CORNER, L.L.C.
BRIAN HOSSNER
~~607 7TH AVE~~ P.O. Box 223
LEWISTON ID 83501 2614

2. Registered Agent and Office **NOT A P.O. BOX**

BRIAN HOSSNER
607 7TH AVE
LEWISTON ID 83501 2

3. Organized Under the Laws of:

ID W 2498

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☒ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PARTNER	BRYAN HOSSNER	1404 CHESTNUT	CLARKSTON	WA	99403
PARTNER	RACHEL HOSSNER	1404 CHESTNUT	CLARKSTON	WA	99403
PARTNER	William SCHARNHORST	611 22nd AVE.	LEWISTON	ID	83501
PARTNER	Dixie SCHARNHORST	611 22nd AVE.	LEWISTON	ID	83501

5. SIGNATURE OF CURRENT RA

6.

Signature Bryan B. Hossner Date 9/4/97

Name (Typed or Printed) BRYAN HOSSNER Title PARTNER

ISSUED: 07-04-1997

1525

DO NOT TAPE OR STAPLE