450 PO): CRETARY OF STATE) NORTH FOURTH STREET		Keport Form	PAUL ROBE		2. Registered Agent and Address (NO PO BOX)		
450 PO		 1. Mailing Address: 	Annual Report Form		PAUL ROBERTS 629 SALES YARD RD			
PO	MORTH TOURIST STREET	1. Mailing Address: Correct in this box if needed.		EMMETT ID 83617				
	BOX 83720 ISE, ID 83720-0080	HARBOR BAY L.L.C. PO BOX 51885 CASPER WY 82605						
	O FILING FEE IF IVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:				
		r Names and Addresses	of at least one Member or Manage					
Office H	***************************************		Street or PO Address	City	State	Zip		
Mana	ger Michae	. I J. Mesgard	PO Box 51885	Casper	ng	82605		
				1		4.4		
				11.0				
<u> </u>		·						
o. Organ	rganized Under the Laws of: 6 ID W 20830	5. Annual Report must be signed. Signature: Michael J. Kesaal Name(type or print): Michael J. Kesaa		1 1200 Saut 27		27 7009		
					Date: <u>Sep7.</u> Title: <u>Man</u>	~ 4.2001		
		Name(type or print): _/	lichael J. Kesg	ard	Title: Man	agen		
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