	Due no later than May 31, 2001	2 Pagistage d A
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this how if it	ROBERT L DAVIS SHARN V. DAVIS
700 WEST JEFFERSON	ELKINS ON PRIEST LAKE L.L.C.	404 ELKINS RD
PO BOX 83720 BOISE, ID 83720-0080	404 ELKINS RD	NORDMAN, ID 83848
BOISE, ID 63720-0080	TOT ELNING RD	NONDIVIAN, ID 83848
NO FILING FEE IF	NORDMAN, ID 83848	2 Nov Desirt
RECEIVED BY DUE DATE	10040	New Registered Agent Signature
4 Limited Liability Compa	price F-4. At	Tharon Ul Min
de lability Compa	anies: Enter Names and Addresses of Members.	July - Carry
Office held Name	Street or B.O. Address	
MEMBER ROBERT I	- <u>-</u>	Y <u>State</u> <u>Zip</u>
TOTAL -	/	
MEMBER SHAROW	DAVIS (, 404 ELKING BO WORD)	May 10
MENBER MICHAEL	SURIBUIL	MAN ID 83848
SECRETORY-		
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5. Organized Under the Laws of:	6.	
5. Organized Under the Laws of: IDAHO		Date 312(0)
5. Organized Under the Laws of:	6. Signature	Title:
5. Organized Under the Laws of: IDAHO	6.	Title:
i. Organized Under the Laws of: IDAHO	6. Signature	Date