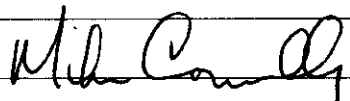
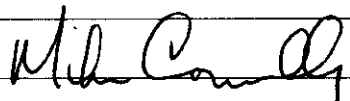
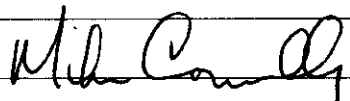


No. W 9846	Due no later than September 30, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX MIKE CONNOLLY 350 N IDAHLIN POST FALLS, ID 83854												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Correct in this box, if applicable) SUNTREE RV PARK LLC MIKE CONNOLLY 350 N IDAHLIN POST FALLS, ID 83854	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>MANAGER MIKE CONNOLLY</td> <td>350 N IDAHLIN RD.</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		MANAGER MIKE CONNOLLY	350 N IDAHLIN RD.	POST FALLS	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	MANAGER MIKE CONNOLLY	350 N IDAHLIN RD.	POST FALLS	ID	83854									
5. Organized Under the Laws of: IDAHO W 9846	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>9/29/03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>MIKE CONNOLLY</u></td> <td>Title <u>9/29/03</u></td> </tr> </table>		Signature 	Date <u>9/29/03</u>	Name (Typed or Printed) <u>MIKE CONNOLLY</u>	Title <u>9/29/03</u>								
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