

<b>No. C 65930</b>	<b>Due no later than February 29, 2004</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>  KATHERINE M OLSEN COUNTY ROAD #2, MORAVIA  BONNERS FERRY, ID 83805												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box if applicable</b>  SELKIRK SHADOWS, INC. MERLE E OLSEN ROUTE 4, BOX 606  BONNERS FERRY, ID 83805		<b>3. New Registered Agent Signature</b>												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Merle Olson</td> <td>Rt 4 Box 606 Bonners Ferry Id</td> <td></td> <td></td> <td>83805</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>		Merle Olson	Rt 4 Box 606 Bonners Ferry Id			83805
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	Merle Olson	Rt 4 Box 606 Bonners Ferry Id			83805										
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;">             IDAHO              C 35930           </div>		<b>6.</b> Signature <u><i>K. P. Olson</i></u> Date <u>12-04-03</u> Name <small>(Typed or Printed)</small> <u>Joe</u> Title _____													