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|---|--|---|
| NO. 83930   | Annual Report Form<br>Due No Later Than November 30, 1998  | 2. Registered Agent and Office NOT A P.O. BOX   |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>NO FEE REQUIRED</b><br><b>* FIRST NOTICE *</b> | 1. Mailing Address - Please Correct, If Not Correct<br><b>SELKIRK SHADOWS, INC.</b><br><b>MERLE E. OLSEN</b><br><b>ROUTE 4, BOX 606</b><br><br><b>BONNERS FERRY ID 83805</b> | <b>KATHERINE M. OLSEN</b><br><b>COUNTY ROAD #2, MORAVIA</b><br><br><b>BONNERS FERR ID 83805</b><br><br>3. Organized Under the Laws of:<br><br><b>ID C 65930</b> |

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   |
|-------------|----------|------------------------|---------------|-------|-------|
| PRES.       | M. OLSEN | Rt 4 Box 604           | BONNERS FERRY | ID    | 83805 |
| SEC         | K. OLSEN | "                      | "             | "     | "     |

5. Signature of New Registered Agent  


6. Signature  Date 8-29-98  
Name (Typed or Printed) KATHERINE OLSEN Title SEC.

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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