

No. W 2115	<b>Annual Report Form</b> Due No Later Than November 30, 1995	2. Registered Agent and Office <b>NOT A P.O. BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b> ★ FIRST NOTICE ★	1. Mailing Address - Please Correct, If Not Correct LAN NOR DEL LLC MATTHEW LINSKOTT 105 PINE ST STE 103  SANDPOINT ID 83864	MATTHEW LINSKOTT 105 PINE ST STE 103  SANDPOINT ID 83864																		
		3. Organized Under the Laws of: ID W 2116																		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																				
<table><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Manager</td><td>Matthew F. Linscott</td><td>8785 W. Fry Cr. Rd.</td><td>Sagle</td><td>ID</td><td>83860</td></tr><tr><td>Manager</td><td>Mark C. Linscott</td><td>105 Pine Suite #103</td><td>Sandpoint</td><td>ID</td><td>83864</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Matthew F. Linscott	8785 W. Fry Cr. Rd.	Sagle	ID	83860	Manager	Mark C. Linscott	105 Pine Suite #103	Sandpoint	ID	83864
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5. SIGNATURE OF CURRENT RA  ANY LAWFUL  ISSUED: 07-08-1996	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Matthew Linscott</u> Date <u>8-8-96</u> Name (Typed or Printed) <u>Matthew Linscott</u> Title <u>Manager</u> 2129																			