

No. W 445

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address: Correct in this box, if applicable

LAKESIDE LODGE OPERATING COMPANY, L
CARL L HANSEN
258 W 700 S
SALT LAKE CITY, UT 84101

RALPH FRANCIS
1405 PRESTO DR
IDAHO FALLS, ID 83402

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

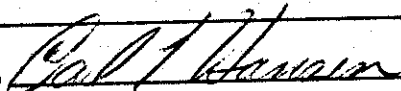
4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER MANAGER	CARL L HANSEN	258 W 700 S	SALT LAKE CITY	UT	84101
MEMBER MANAGER	LUCENE L. HANSEN	258 W 700 S	SALT LAKE CITY	UT	84101

5. Organized Under the Laws of:
UTAH
W 445

6.

Signature



Date 05-14-08

Name

(Typed or Printed)

CARL L. HANSEN

Title

MEMBER
MANAGER