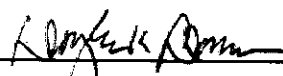


No. C 91035	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX DOUGLAS K. DONNER 904 KALASPO P.O. BOX 663 OROFINO ID 83544
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct OROFINO MID-SUMMER CRUZ, INC DOUGLAS K. DONNER 904 KALASPO P.O. BOX 663 OROFINO ID 83544		3. Organized Under the Laws of: ID C 91035
** FINAL NOTICE **			
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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Member/Dir.	Gregory A. Isbelle	432 1/2 Mountain View Dr.	College Place, WA 99324
Member/Dir.	Pamela Clift	517 Riverside Ave.	Orofino, ID 83544
Member/Dir.	Douglas K. Donner	904 Kalaspo Ave.	Orofino, ID 83544
Dir.-Director			
5. <u>New</u> Registered Agent Signature		6. Signature <u></u> Date <u>11-24-99</u> Name (Typed or Printed) <u>Douglas K. Donner</u> Title <u>Member</u>	

ISSUED: 10-01-1999

4662