

No. **W 6259**

Due no later than May 31, 2004
Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable
SLEEPING BEAR LIMITED LIABILITY COM

PO BOX 770

CHALLIS, ID 83226

2. Registered Agent and Office **NO PO BOX**

KAREN D WHITWORTH
630 MAIN ST

CHALLIS, ID 83226

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

**OWNER/
MANAGER** **KAREN Whitworth** **630 main** **Challis** **ID** **83226**

5. Organized Under the Laws of:

IDAHO

W 6259

6.

Signature

Name
(Typed or
Printed)

Karen D Whitworth Date **3-8-04**

KAREN WHITWORTH Title **OWNER**