INSTRUCTIONS ON REVERSE SIDE

No. 44236

Idaho Corporation Annual Report Form

Due No Later Than November 1,

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1 Mailing Address (Name, Street or P.O. Box, City, State, Zip Code)

CAPE HORN ESTATES HOMEOWNERS AS
MRS. LOY NICHOLS
P O BOX 96718

LAS VEGAS NV 89193

2. Registered Agent and Office (MUST BE A P.O. BOX)

MR. JAMES MCBRIDE
CAPE HORN RD RT 1
P O BOX 282
ATHOL ID 83801

3. Incorporated Under The Laws of

ID
NO: 44236

4. Names and Addresses of Officers and Directors — MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	WILLIAM J POWELL	SOUTH 913 AZALEA DR	SPOKANE	WA	99202
Secretary:	MRS LOY NICHOLS	P O BOX 96718	LAS VEGAS	NV	89193
Directors:	DONALD EBEL	N 1618 LOCUST	SPOKANE	WA	99206
	JAMES MCBRIDE	RT 1 P O BOX 282	ATHOL	ID	83801
	LARRY JANUSCH	1315 "A" STREET	COEUR D'ALENE	ID	83814
	JOHN CRANNEY	P O BOX 205	BAYVIEW	ID	83803
	DANIEL HANENBURG	P O BOX 274	BAYVIEW	ID	83803
	JAMES THOMPSON	P O BOX 724	BAYVIEW	ID	83803
	FLOYD LEE	P O BOX 369	BAYVIEW	ID	83803

5. Nature of Business

HOMEOWNERS ASSOCIATION

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 Mrs Loy Nichols Date 7-13-93

Name (Typed or Printed) MRS LOY NICHOLS Title SECRETARY