

No. <b>W 2498</b>		<b>Due no later than May 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CAMPUS CORNER, L.L.C. BRIAN HOSSNER 929 16TH AVE LEWISTON ID 83501-3735		BRIAN HOSSNER 607 7TH AVE LEWISTON ID 83501-3735			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRIAN HOSSNER	607 7TH AVE	LEWISTON	ID	USA	83501-2614	
5. Organized Under the Laws of:  <b>ID</b> <b>W 2498</b>		6. Annual Report must be signed.*  Signature: Brian Hossner Name (type or print): Brian Hossner  Date: 06/24/2011 Title: Member					
Processed 06/24/2011      * Electronically provided signatures are accepted as original signatures.							