

No. W 26749	Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX BART D CASEY 301 S OLIVE SANDPOINT, ID 83864																		
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 LAKEVIEW FUNERAL HOME, LLC BART D CASEY 301 S OLIVE SANDPOINT, ID 83864		3. New Registered Agent Signature 																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Bart Casey</td> <td>301 S. Olive</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Manager</td> <td>Anne Marie Casey</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Bart Casey	301 S. Olive	Sandpoint	ID	83864	Manager	Anne Marie Casey	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Manager	Bart Casey	301 S. Olive	Sandpoint	ID	83864																
Manager	Anne Marie Casey	"	"	"	"																
5. Organized Under the Laws of: IDAHO W 26749		6. Signature <u>Bart D. Casey</u> Date <u>12/16/05</u> Name (Typed or Printed) <u>Bart D. Casey</u> Title <u>Manager/Owner</u>																			

Issued 09/01/2005

Do Not Tape or Staple

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