No. C 69703		Annual Report Form 199 No Later Than November 30,	2. Registered Agent and DAVE DALT		
Return to:	1. Mailing Addres	1. Mailing Address - Please Correct, If Not Correct		319 S. 7TH STREET	
SECRETARY OF STAT 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	- L V T N N T E	KORNER, INC.	ST. MARIES	S ID 8386	
NO FEE REQUIRED	BUX 351		3. Organized Under the	Laws of:	
** FINAL NOTI	CE ** ST. MAR	IES ID 83861	ID	c 69703	
4. Corporations: Enter Limited Liability Corr	Names and Addresses of Propanies: Enter Names and Ad	resident, Secretary and Directors dresses of Managers or Memb	ers (check one)		
Office held	Name	Street or P.O. Address	City	State Zip	
President	Bev Katovich	Hc 62, Box 108	St. Maries	ID , 8386	
ice-President	Toni Holloway	943 2nd Street	St.Maries	ID 8386	
Secretary	Shelly Sackett	230 5th Street	St.Maries	ID 8386	
Treasurer	Retta Knapp	605 Lincoln	St. Maries	ID 8386	
Co-Manager	Leslee Adams	1191 Mutch Creek	St. Maries	ID 8386	
Co-Manager	Vicki Charles	1919 Jefferson	St. Maries St. Maries	ID. 8386 ID. 8386	
Board Member	Janelle Buell	2242 wash auc		ID. 83861	
Board Member	Wendy Lee	unknown'	St. Maries	ID. 83861	
Board Member	Patty Epling	1510 Jefferson	St. Maries	TD. 03001	
5. NATURE OF 8 CHILD CAR	E CENTER	I certify that this Annual Report has be knowledge true, correct and complete. Signature ** REHA KNO** Name (Typed or Printed)	pen examined by me and Date 10		
TSSUED: 1	0-05-1996		70)UZ "	
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