

No. C 82301	Annual Report Form 1995 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct LAKEMOOD UNIT NO. 14 HOMEOWN MARSHALL GRAY Tom Korpalski 3721 S RUSH CREEK PL 502 E. Lost Creek St BOISE ID 83706		SUZANNE H GILLESPIE 7457 S CROSSPOINT TOM KORPALSKE 502 E. LOST CREEK BOISE ID 83706 3. Organized Under the Laws of: ID C 82361													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Acting Pres.</td> <td>Tom Korpalski</td> <td>502 E. Lost Creek St</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Acting Pres.	Tom Korpalski	502 E. Lost Creek St	Boise	ID	83706
Office held	Name	Street or P.O. Address	City	State	Zip											
Acting Pres.	Tom Korpalski	502 E. Lost Creek St	Boise	ID	83706											
5. NATURE OF BUSINESS MAINTAIN COMMON AREAS ISSUED: 10-65-1996		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 <u>Tom Korpalski</u> Date <u>11-26-96</u> Name (Typed or Printed) <u>TOM KORPALSKE</u> Title <u>Acting Pres.</u> 7525														