

No. <u>W4113</u>	1. <u>Annual Report Form</u> 1. Mailing Address - Correct in this box, if applicable <u>CLARENCE C POLING</u> <u>3120 E PONDEROSA BLVD</u> <u>POST FALLS, ID 83854</u>	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		CLARENCE C POLING 3120 E PONDEROSA BLVD POST FALLS, ID 83854 3. <u>New</u> Registered Agent Signature																		
4. <u>CLARENCE C POLING</u> is the <u>owner</u> of the following business(es) of <u>Members</u> . <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><u>Chief Member Rep.</u></td> <td><u>Clarence C. Poling</u></td> <td><u>3120 E. Ponderosa Blvd</u></td> <td><u>Post Falls</u></td> <td><u>ID</u></td> <td><u>83854</u></td> </tr> <tr> <td><u>Member</u></td> <td><u>Donna J. Poling</u></td> <td><u>"</u></td> <td><u>"</u></td> <td><u>"</u></td> <td><u>"</u></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>	<u>Chief Member Rep.</u>	<u>Clarence C. Poling</u>	<u>3120 E. Ponderosa Blvd</u>	<u>Post Falls</u>	<u>ID</u>	<u>83854</u>	<u>Member</u>	<u>Donna J. Poling</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
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5. Organized Under the Laws of: <u>IDaho</u> <u>W 4113</u>	6. Signature <u>Clarence C. Poling</u> Date <u>April 28, 2003</u> Name (Typed or Printed) <u>Clarence C. Poling</u> Title <u>Chief Member Rep</u>																			