

No. C 2615	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX STUART SHREVE PO BOX 553 1036 ALDER LEWISTON ID 83501
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct LEWISTON LODGE NO. 8, INDEPE S. S. SHREVE P. O. BOX 553 LEWISTON ID 83501 0553	3. Organized Under the Laws of: ID C 2615
* FIRST NOTICE *		
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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
No flk. Grand Clippanlewatia 3738-18th St. Lewiston Ida 83501 Vice Grand Donald Luter 1118-11th St Lewiston Ida. 83501 Secretary Stuart Shreve 1036 Alder Dr. Lewiston Ida. 83501 Lodge Deputy Robt Bennett 1340-16th Ave Cladostat Wash. 99403		
5. NATURE OF BUSINESS FRATERNAL ORDER NONPROFIT	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><i>Stuart Shreve</i></u> Date <u>7/15/1996</u> Name (Typed or Printed) <u>Stuart Shreve</u> Title <u>Secretary</u>	

ISSUED: 07-06-1996

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