

No. W 225	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct GRIFFIN, A LIMITED LIABILITY DAVID L. CRETTEL 1705 LARCH ST. SANDPOINT ID 83864		DAVID L. CRETTEL 1705 LARCH ST. SANDPOINT ID 83864 3. Organized Under the Laws of: ID W 225																									
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one) <table border="1"> <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>MANAGER</td> <td>DAVID L. CRETTEL</td> <td>1705 LARCH ST.</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>MANAGER</td> <td>DAVID L. CRETTEL</td> <td>1705 LARCH ST.</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>MANAGER</td> <td>JAYCE A. CRETTEL</td> <td>1705 LARCH ST.</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	DAVID L. CRETTEL	1705 LARCH ST.	SANDPOINT	ID	83864	MANAGER	DAVID L. CRETTEL	1705 LARCH ST.	SANDPOINT	ID	83864	MANAGER	JAYCE A. CRETTEL	1705 LARCH ST.	SANDPOINT	ID	83864
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5. SIGNATURE OF CURRENT RA ANY LAWFUL		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>David L. Crettel</i></u> Date <u>Oct 22, 1996</u> Name (Typed or Printed) <u>DAVID L. CRETTEL</u> Title <u>MANAGER</u>																										
ISSUED: 37-08-1996		2138																										