	INSTRU	CTIONS ON REVERSE SIDE	ISSUED JULY 1		
No. 89193	Idaho Corpora	tion Annual Report Form	2. Registered Agent and Office JOHN J. STRAUBHAR		
Return To	Due No Later Than November 1, 1989 1. Mailing Address — Please Correct 89193		834 FALLS AVENUE		
	HARRISBURG LAKESIDE R.V. RESORT. JOHN J. STRAUBHAR P.O. BOX 820		TWIN FALLS	1	D 833
BoiseSIEOS3720STATE			3. Incorporated Under The Laws of IDAHO		
NO SEE MEMORKEN	DATH LYCE?	7 10 03301		NO:	89193
4. Names and Addresses of Officer	rs and Directors				
	<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
President: David T. A Secretary: John J. St Directors: Jack Allre	raubhar	P.O. Box 820 P.O. Box 820 Rt. #2 Box 2486	Twin Falls Twin Falls Burley	Idaho	83303 83303 83318
Directors: Jack Allre	:u ·	NC. #2 DOX 2400	Dul 16 y	100110	02210
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5. Nature of Business	6. I certify the true, corre	nat this Annual Report has been exameted and complete.	mined by me and is to the	best of my ki	nowledge
R.V. Resort	Signature (Typed (John J. Strau	~ 	7-11-89	
	Name (Typed of Printed)	//John J. Straubhar	Title Se	cretary	