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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------|------------|
| No. <b>C 88899</b>                                                                                                                                                                                                                                            | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1997</b>                                                                                  |                                                                           | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                                    |              |            |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b>                                                                                                                                  | 1. Mailing Address - Please Correct, if Not Correct<br><br>NEW PIONEER LOG HOMES, INC.<br>BARBARA L. COCHRELL<br>3048 WILSON ROAD<br><br>WEIPPE ID 83553 |                                                                           | BARBARA L. COCHRELL<br>3048 WILSON ROAD<br><br>WEIPPE ID 83553<br><br>3. Organized Under the Laws of:<br><br>ID C 88899 |              |            |
| * <b>FIRST NOTICE</b> *                                                                                                                                                                                                                                       |                                                                                                                                                          |                                                                           |                                                                                                                         |              |            |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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> |
| President                                                                                                                                                                                                                                                     | Art R. Cochrell                                                                                                                                          | 3048 Wilson Rd                                                            | weippe                                                                                                                  | ID           | 83553      |
| Secretary                                                                                                                                                                                                                                                     | BARBARA L. Cochrell                                                                                                                                      | 3048 Wilson Rd                                                            | weippe                                                                                                                  | ID           | 83553      |
| Director                                                                                                                                                                                                                                                      | Russel C. Miles                                                                                                                                          | 3060 LARSON Rd                                                            | weippe                                                                                                                  | ID           | 83553      |
| 5.                                                                                                                                                                                                                                                            |                                                                                                                                                          | 6.                                                                        |                                                                                                                         |              |            |
|                                                                                                                                                                                                                                                               |                                                                                                                                                          | Signature <u>Barbara L. Cochrell</u> Date <u>8/20/97</u>                  |                                                                                                                         |              |            |
|                                                                                                                                                                                                                                                               |                                                                                                                                                          | Name (Typed or Printed) <u>BARBARA L. Cochrell</u> Title <u>Secretary</u> |                                                                                                                         |              |            |

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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