

No. **W 2498**

Due no later than May 31, 2004

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1 Mailing Address - Correct in this box, if applicable

CAMPUS CORNER, L.L.C.
BRIAN HOSSNER
PO BOX 223BRIAN HOSSNER
607 7TH AVE

LEWISTON, ID 83501 2614

**NO FILING FEE IF
RECEIVED BY DUE DATE**

LEWISTON, ID 83501 2614

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

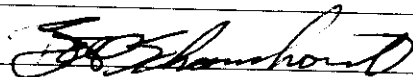
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	BRYAN HOSSNER	607 7TH AVENUE	LEWISTON	IDAHO	83501
MEMBER	BILL SCHARNHORST	611 22ND AVENUE	LEWISTON	IDAHO	83501

5. Organized Under the Laws of:

IDAHO
W 2498

6.

Signature



Date

4-9-2004

Name (Typed or Printed)

BILL SCHARNHORST

Title

MEMBER

Issued 03/02/2004

Do Not Tape or Staple