

No. W 31292	Due no later than June 30, 2006		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		SAUNDRA L COMBS												
	1. Mailing Address - Correct in this box, if applicable GATEKEEPERS PROPERTY MANAGEMENT, LL PO BOX 3530 POST FALLS, ID 83877		5301 SHORELINE DR POST FALLS, ID 83854 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Sonic Combs</td> <td>P.O. Box 3530</td> <td>Post Falls</td> <td>ID</td> <td>83877</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Sonic Combs	P.O. Box 3530	Post Falls	ID	83877
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Sonic Combs	P.O. Box 3530	Post Falls	ID	83877										
5. Organized Under the Laws of: IDAHO W 31292	6. Signature <u>Sonic Combs</u> Date <u>4-23-06</u> <div style="display: flex; justify-content: space-between;"> <div>Name <small>(Typed or Printed)</small> <u>Saundra L Combs</u></div> <div>Title <u>President</u></div> </div>														

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Do Not Tape or Staple

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