

No. C 52595	Annual Report Form 1999 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 NORTH IDAHO DEVELOPMENT CORP VERNON E. SANDY BOX 916 BONNERS FERRY ID 83805		CARMEL SANDY Robert C. Simon 7599 MOHAWK Box 916 7599 Mohawk BONNERS FERRY ID 83805 3. Organized Under the Laws of: ID C 52595																		
4. Corporations: Enter Names and Business 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>PRES.</td> <td>ROBERT C. SIMON</td> <td>BOX 916</td> <td>BONNERS FERRY</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>SEC.</td> <td>LAURA C. SIMON</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	ROBERT C. SIMON	BOX 916	BONNERS FERRY	ID	83805	SEC.	LAURA C. SIMON				
Office held	Name	Street or P.O. Address	City	State	Zip																
PRES.	ROBERT C. SIMON	BOX 916	BONNERS FERRY	ID	83805																
SEC.	LAURA C. SIMON																				
5. Signature of New Registered Agent 	6. Signature  Name (Typed or Printed) <u>ROBERT C. SIMON</u> Date <u>11/30/99</u> Title <u>PRES.</u>																				

ISSUED: 07-03-1999

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