No. # 445	Annual Report Form Due No Later Than November 30,	2. Registered Agen	t and Office NOT	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Please Correct, If Not Correct LAKESIDE LODGE OPERATING COM CARL L HANSEN	1519 JON IDAHO FA	ATHAN	83401
BOISE, ID 83720-0080	258 W 700 S			
NO FEE REQUIRED		3. Organized Unde	r the Laws of:	
* FIRST NOTICE *	SALT LAKE CITY UT 34101	UT	₩	445
	d Addresses of President, Secretary and Directors ter Names and Addresses of Q Managers or EMembers	(check one)		
Office held Name	Street or P.O. Address	<u>City</u> -	State	Zip
SMASO CALL!	L. Housen 771 SHOULD WAY	Murany	4	84107
				الحمالذات
remesa Luben	E HANSEN 771 SHOLDH WAY	Mendary	ut	34101
remeen Luben	E HANSON 771 SHOOM WAY	Mendery	ut	
	ENT RA 6. I certify that this Annual Report has been a knowledge true gorrect and compare.		and is to the be	
-	ENT RA 6. I certify that this Annual Report has been knowledge true correct and complete. Signature	examined by me	and is to the be	est of my
-	ENT RA 6. I certify that this Annual Report has been a knowledge true gorrect and complete. Signature	examined by me	and is to the be	est of my
	ENT RA 6. I certify that this Annual Report has been a knowledge true gorrect and complete. Signature	examined by me	and is to the be	est of my