

No. <b>C 45120</b>	<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LAKE CITY CENTER, INC. BONNIE STEARNS 1916 LAKEWOOD DRIVE COEUR D'ALENE ID 83814	ELMER R CURRIE 1916 LAKEWOOD DRIVE COEUR D'ALENE 83814  3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JON NEWCOMB	3425 N 4TH STREET	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of:  <b>ID C 45120</b>	6. Annual Report must be signed.* Signature: Jon Newcomb Name (type or print): Jon Newcomb		Date: 01/28/2015 Title: President			
Processed 01/28/2015		* Electronically provided signatures are accepted as original signatures.				