

No. <b>W 2498</b>		<b>Due no later than May 31, 2014</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>Annual Report Form</b>		BRIAN HOSSNER 607 7TH AVE LEWISTON ID 83501-3735			
		<b>1. Mailing Address: Correct in this box if needed.</b> CAMPUS CORNER, L.L.C. BILL SCHARNHORST 929 16TH AVE LEWISTON ID 83501-3735		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRIAN HOSSNER	607 7TH AVE	LEWISTON	ID	USA	83501-2614	
MEMBER	BILL SCHARNHORST	929 16TH AVENUE	LEWISTON	ID	USA	83501-3735	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 2498</b>		Signature: Bill Scharnhorst			Date: 07/09/2014		
		Name (type or print): Bill Scharnhorst			Title: Member		
Processed 07/09/2014		* Electronically provided signatures are accepted as original signatures.					