## REINSTATEMENT

Return to:	Annual Report Form	2. Registered Agend and Office NOT A P.O. BOX
SECRETARY OF STATE	1. Mailing Address - Please Correct if Not Correct	RRWAY RAWSON H. James
700 WEST JEFFERSON PO. BOX 83720		016 01750
50ISE, ID 83720-0080	BONNER PROPERTIES, INC.	COPED Distance
	PO BOX 2028 469	COLOR D'ALENE ID 83814
FEE DUE	Wallace 83873	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	3. Organized Under the Laws of:
Corporations: Enter No.		ID C 94699
Limited Liability Compar	nes and Business Addresses of President, Secretary and Directies: Enter Names and Addresses of   Managers or	ctors
p = 4	Managers of Managers of Menagers	mbers (check one)
Office Held	Neme Street or P.O. Address	Other .
President H	· James Magnuson P.O. Boy 2200	City State Zp
Decretary B	renda Dawson Dio 5	Coeur d'Alene ID 83816
Diffector H	James Magnuson D.O. B.	Coeur d'Alene ID 83816
Director Jo	ohn F. Magnuson D.O. Dox 2288	Coeur d'Alene ID 83816
	ohn F. Magnuson P.O. Box 2288	Coeur d'Alene ID 83816
Signature of New Registe	rod Acons	
. A .	6. All 1	
All ha	Signature W	ا ما ا
My Way	(Typed or	Date 3/24/44
	Name Printed) H. Jam	es Magnusa Title President
1		The Tresident
		9 1
INST	RICTIONS FOR THE	<u> </u>
	RUCTIONS FOR THE IDAHO ANNUAL R	EPORT FORM
Please new energial attacks		
NOTE: The name of the bus	to the mailing address. If it is incorrect, please make the appropriate cannot be aftered on the annual record for	
PHYSICAL ADDRESS on a	make that correction on this from The	e registered agent must be found it in Alica
Corporation: Enter names ar	nanged or moved, please make that correction on this form. The Boxes WILL NOT be accepted. If report is for a Limited Liability and addresses of ONLY the president, secretary, and directors in the manner and addresses of the manner.	please refer to #4 below.
		block 4.
Limited Liability Company #	year" WILL NOT be accepted.	CHOCK 4.
Position by singing in blades	the registered agent has been changed in block 2, then the ME	W registerent agent must conserve
Corporation: Block 6 must be	signed by an officer or chairman of the board of the corporationock 6 must be signed by a manager or member, who must spe	and adour umat scoabt inst
Umried Liability Company: Bl	signed by an officer or chairman of the board of the corporation of the signed by a manager or member, who must spense sign block 5.	n. Signer must specify his or her title.
If now registered Agent, plea	se sign block 5.	city his or her title.

IDANO SECRETARY OF STATE

03/26/1999 09:00 CX: 2382 CT: 113156 BH: 200994

1 8 30.88 = 38.88 CORP REINS # 2