

# Annual Report Form

1995

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

EXCHANGE COR L.L.C.

LYNN D FENDER  
512 GOVERNMENT WAY

COEUR D'ALENE ID 83814

LYNN D FENDER  
512 GOVERNMENT WAY  
COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

ID W 1698

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

MANAGER/  
MEMBER

LYNN FENDER

612 GOVERNMENT WAY

CDA

ID 83814

5. SIGNATURE OF CURRENT RA

ANY LAWFUL

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date 7-15-96

Name

(Typed or Printed)

LYNN D. FENDER

Title

MANAGER/MEMBER

ISSUED: 37-08-1995

1998