

No. C114540	Annual Report Form 1996 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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct HERMAN LAKE RESORT, INC. HCR 62 BOX 234 MOYIE SPRINGS ID 83845 9802		DEON W HUBBARD HCR 62 BOX 234 MOYIE SPRING ID 83845 9 3. Organized Under the Laws of: ID C114540																									
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																												
<table border="1"> <thead> <tr> <th data-bbox="34 675 536 707">Office held</th> <th data-bbox="536 675 669 707">Name</th> <th data-bbox="669 675 1015 707">Street or P.O. Address</th> <th data-bbox="1015 675 1181 707">City</th> <th data-bbox="1181 675 1346 707">State</th> <th data-bbox="1346 675 1500 707">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="34 707 536 760">Pres</td> <td data-bbox="536 707 669 760">DEON HUBBARD</td> <td data-bbox="669 707 1015 760">HCR 62 BOX 234</td> <td data-bbox="1015 707 1181 760">MOYIE</td> <td data-bbox="1181 707 1346 760">SPRINGS</td> <td data-bbox="1346 707 1500 760">ID 83845</td> </tr> <tr> <td data-bbox="34 760 536 813">Vicepres/Sec</td> <td data-bbox="536 760 669 813">HOWIE HUBBARD</td> <td data-bbox="669 760 1015 813">"</td> <td data-bbox="1015 760 1181 813">"</td> <td data-bbox="1181 760 1346 813">"</td> <td data-bbox="1346 760 1500 813">"</td> </tr> <tr> <td data-bbox="34 813 536 829">Directors</td> <td colspan="5" data-bbox="536 813 1500 829">- SAME AS ABOVE</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	DEON HUBBARD	HCR 62 BOX 234	MOYIE	SPRINGS	ID 83845	Vicepres/Sec	HOWIE HUBBARD	"	"	"	"	Directors	- SAME AS ABOVE				
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Directors	- SAME AS ABOVE																											
5. NATURE OF BUSINESS RESORT		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 <u>Deon Hubbard</u> Date <u>10/12/96</u> Name (Typed or Printed) <u>DEON HUBBARD</u> Title <u>pres</u>																										

ISSUED: 10-05-1996

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