

No. C117417	Annual Report Form <i>Due No Later Than November 30,</i>		1999	2. Registered Agent and Office NOT A P.O. BOX JOHN F MAGNUSON 424 SHERMAN AVE STE 205 COEUR D ALENE ID 83814	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct EAST LAKESHORE DRIVE HOMEOWN JOHN F MAGNUSON 424 SHERMAN AVE STE 205 COEUR D ALENE ID 83814		3. Organized Under the Laws of: ID C117417		
* FIRST NOTICE *					
4. Corporations: Enter Names and Business 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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>President</i>	<i>Jack W Simpson</i>	<i>1321 E. Lakeshore Dr.</i>	<i>Cda</i>	<i>ID</i>	<i>83814</i>
<i>Secretary</i>	<i>Virginia Sue Simpson</i>	<i>1321 E. Lakeshore Dr.</i>	<i>Cda</i>	<i>ID</i>	<i>83814</i>
5. Signature of New Registered Agent		6.			
		Signature <i>Jack W Simpson</i>		Date <i>7/26/99</i>	
		Name <small>(Typed or Printed)</small> <i>Jack W. Simpson</i>		Title <i>President</i>	

ISSUED: 07-03-1999

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