

No. W 5035	Due no later than Nov 30, 2000		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		ALLEN LEE CENTERS													
	1. Mailing Address - Correct in this box, if applicable CASCADE APARTMENTS LLC ALLEN LEE CENTERS PO BOX 518 MERIDIAN, ID 83680		3770 S LINDER MERIDIAN, ID 83642													
3. <u>New</u> Registered Agent Signature																
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" data-bbox="343 363 1574 432"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Allen Lee Centers</td> <td>327 S. Meridian</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Allen Lee Centers	327 S. Meridian	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Allen Lee Centers	327 S. Meridian	Meridian	ID	83642											
5. Organized Under the Laws of: IDAHO W 5035	6. <table border="1" data-bbox="792 747 1593 830"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>9/27/00</td> </tr> <tr> <td>Name <small>(Type or Printed)</small></td> <td>Allen Lee Centers</td> <td>Title:</td> <td>Manager</td> </tr> </table>				Signature		Date	9/27/00	Name <small>(Type or Printed)</small>	Allen Lee Centers	Title:	Manager				
Signature		Date	9/27/00													
Name <small>(Type or Printed)</small>	Allen Lee Centers	Title:	Manager													

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