

Annual Report Form
Due No Later Than November 30,

19-93

Registered Agent's 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

CAMPUS CORNER, L.L.C.
BRIAN HOSSNER
PO BOX 223

LEWISTON

ID 83501 2614

BRIAN HOSSNER
607 7TH AVE

LEWISTON ID 83501

3. Organized Under the Laws of:

ID W 2498

4. Corporations: Enter Names and Business 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

PARTNER	BRYAN HOSSNER	1404 CHESTNUT	CLARKSTON	WA	99403
PARTNER	RACHEL HOSSNER	1404 CHESTNUT	CLARKSTON	WA	99403
PARTNER	WILLIAM SCHARNHORST	611 22ND AVENUE	LEWISTON	ID	83501
PARTNER	DIXIE SCHARNHORST	611 22ND AVENUE	LEWISTON	ID	83501

5. Signature of New Registered Agent

6.

Signature

Dixie Scharnhorst

09/03/98

Name (Typed or Printed)

DIXIE SCHARNHORST

Title

PARTNER

ISSUED: 07-03-1998

2149

↓ DO NOT TAPE OR STAPLE ↓