

No. **W 2435**

Due no later than May 31, 2001

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable
KILROY BAY LIMITED COMPANY
JIM THOMPSON
4720 INVERNESS DR

POST FALLS, ID 83854

2. Registered Agent and Office **NO PO BOX**

~~E. O. PETE THOMPSON~~
~~5005 HIGHWAY 100N~~ Jim Thompson
4720 INVERNESS DR
SANDPOINT, ID 83864
Post Falls, Id 83854

3. New Registered Agent Signature

X

**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Mgr - Member	JIM THOMPSON	4720 INVERNESS DR	Post Falls	Id	83854
	MEMBER SANDRA THOMPSON	" " "	" "	" "	" "

5. Organized Under the Laws of:

IDAHO
W 2435

6.

Signature

Name (Typed or Printed)

Jim Thompson
JIM THOMPSON

Date

Title:

X

8/1/01
MANAGING
MEMBER