

No. W 2498

Due no later than May 31, 2006
Annual Report Form

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

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

1. Mailing Address - Correct in this box, if applicable

CAMPUS CORNER, L.L.C.
BRIAN HOSSNER
929 16TH AVE
LEWISTON, ID 83501 2614

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

BRIAN HOSSNER
607 7TH AVE
LEWISTON, ID 83501 2614

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

MEMBER

BRYAN HOSSNER

607 7TH AVENUE

LEWISTON

IDAHO

83501

MEMBER

BILL SCHARNHORST

61122ND AVENUE

LEWISTON

IDAHO

83501

5. Organized Under the Laws of:

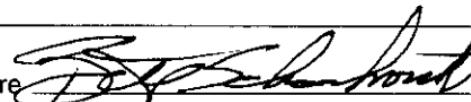
IDAHO

W 2498

6.

Signature

Name
(Typed or
Printed)


Bill Scharnhorst
Title MEMBER

Date 5-4-06