

|  |                   |  |               |   |                     |
|--|-------------------|--|---------------|---|---------------------|
| No. <b>W 28430</b>   |                   | <b>Due no later than Feb 29, 2008</b>  |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>LAKESIDE MANAGEMENT COMPANY, L.L.C.<br>PETER J. GRABICKI<br>601 W RIVERSIDE AVE STE 1500<br>SPOKANE WA 99201 |               | KEITH D BROWN<br>2512 E BLACK FOREST AVE<br>POST FALLS ID 83854 |                     |
|  |                   |  |               | 3. <u>New</u> Registered Agent Signature: *                     |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                   |  |               |   |                     |
| Office Held  | Name              | Street or PO Address   | City          | State   | Country Postal Code |
| MANAGER  | JOHN J HEMMINGSON | 1859 N. LAKEWOOD DR., STE. 303   | COEUR D'ALENE | ID  | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>WA<br/>W 28430</b>   |                   | 6. Annual Report must be signed.*<br>Signature: John J. Hemmingson<br>Name (type or print): John J. Hemmingson<br>Date: 12/19/2007<br>Title: Manager   |               |   |                     |
| Processed 12/19/2007   |                   | * Electronically provided signatures are accepted as original signatures.  |               |   |                     |