No. C 5841	4	Annual Report Form Due No Later Than November :	30 1 7 1		fice NOT A P.O. BOX
Return to: SECRETARY OF STA	.TE	address - Please Correct, If Not Cor	rrect	LENN LOOMI 0 BOX 458	[S
700 WEST JEFFERSO PO BOX 83720 BOISE, ID 83720-0080	O GLENN	CAMARIE COVE HOMEOWNERS ASSO GLENN LOOMIS P O 30X 458		ONNELLY	ID 83615
NO FEE REQUIRED	P ' ' 3			3. Organized Under the Laws of:	
* FIRST NOT				ID	C 68414
4. Corporations: Ente Limited Liability Co	r Names and Addresses mpanies: Enter Names an	of President, Secretary and Dire d Addresses of I Managers or	ectors Members (chec	k one)	
Office held	Name	Street or P.O. Address		City Sta	ate <u>Zip</u>
Pres. J.	lam Loom	i 1004 85	· Aa	unelly L	8 83615
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On. Lee	mand colo	Po Box 41	Cas	cale 14	83611
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5. NATURE OF	BUSINESS	I certify that this Annual Rep knowledge true part and Signature	ort has been exam complete.	ined by me and is to	the best of my
ROAD & W	ATER MAINTENAN	Name (Typed or Frinted)	V Loomi	Title Cla	iman
	07-06-1996			12650	
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