

No. C 54219	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and 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 MOUNTAIN SHADOWS CORPORATION GLENN LOOMIS P.O. BOX 458 DONNELLY ID 83615		GLENN LOOMIS P. O. BOX 458 DONNELLY ID 83615 3. Organized Under the Laws of: ID C 54219																									
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Office held</th> <th style="width:30%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:15%;">City</th> <th style="width:10%;">State</th> <th style="width:15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRG.</td> <td>GLENN Loomis</td> <td>PO BOX 458</td> <td>DONNELLY</td> <td>ID</td> <td>83615</td> </tr> <tr> <td>SEC</td> <td>ROBERT HAMILTON</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEM</td> <td>WM. BERO</td> <td>911 W RIVERSIDE</td> <td>BOISE</td> <td>U</td> <td>83703</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRG.	GLENN Loomis	PO BOX 458	DONNELLY	ID	83615	SEC	ROBERT HAMILTON					MEM	WM. BERO	911 W RIVERSIDE	BOISE	U	83703
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5. NATURE OF BUSINESS, water & Road Maintenance ANY LAWFUL		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Glenn Loomis</u> Date <u>9/25/96</u> Name (Typed or Printed) <u>GLENN Loomis</u> Title <u>CHAIRMAN</u>																										

ISSUED: 07-06-1996

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