

October 3, 1994

CARIBOU CREEK LOG HOMES, INC.  
JONATHAN BYLER  
HCR 85 BOX 3  
BONNERS FERRY ID 83805

RE: CARIBOU CREEK LOG HOMES, INC. File Number C 100723

Dear Mr. Byler:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold  
Corporate Division

Enclosures: cited

NOT TO BE FILLED ON REVERSE SIDE

ISSUED: 07-05-1994

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<p>No. 100723</p> <p>Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080</p> <p>* FIRST NOTICE * NO FEE REQUIRED</p>	<p><b>Idaho Corporation Annual Report Form</b></p> <p>Due No Later Than November 1, 1994</p> <p>1. Mailing Address — <del>Room 203, Statehouse</del> CARIBOU CREEK LOG HOMES, INC. JONATHAN BYLER <del>HCR 31 BOX 3268</del> HCR 85 Box 3 Bonners Ferry Id. 83805 <del>MAPLES</del> ID 83847</p>	<p>2. Registered Agent and Office <del>NOT A P.O. BOX</del> LEONARD S. SCHULTE 903 S MAIN BONNERS FERRY ID 83805</p> <p>3. Incorporated Under The Laws of ID NO: 100723</p>																				
<p>4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b></p> <table border="1"><thead><tr><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>President:</td><td></td><td></td><td></td><td></td></tr><tr><td>Secretary:</td><td></td><td></td><td></td><td></td></tr><tr><td>Directors:</td><td></td><td></td><td></td><td></td></tr></tbody></table>			Name	Street or P.O. Address	City	State	Zip	President:					Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																		
President:																						
Secretary:																						
Directors:																						
<p>5. Nature of Business</p>	<p>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</p> <table border="1"><tr><td>Signature <i>Jonathan Byler</i></td><td>Date 10-1-94</td></tr><tr><td>Name (Typed or Printed) Jonathan Byler</td><td>Title President</td></tr></table>		Signature <i>Jonathan Byler</i>	Date 10-1-94	Name (Typed or Printed) Jonathan Byler	Title President																
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