




No. C128443	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		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 NEIGHBORHOOD, INC. CLIFFORD E MORT 565 N GREENFERRY RD STE B POST FALLS ID 83854		JOHN F MAGNUSON 424 SHERMAN AVE STE 205 PO BOX 2350 COEUR D'ALEN ID 83814 3. Organized Under the Laws of: ID C128443																			
4. Corporations: Enter Names and Business 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"> <thead> <tr> <th>Office held</th> <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>CLIFFORD E. MORT</td> <td>565 N. GREENFERRY</td> <td>POST FALLS,</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>VICE/PRES</td> <td>THOMAS A. JOHNSON</td> <td colspan="4">SAME AS ABOVE</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CLIFFORD E. MORT	565 N. GREENFERRY	POST FALLS,	ID	83854	VICE/PRES	THOMAS A. JOHNSON	SAME AS ABOVE			
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VICE/PRES	THOMAS A. JOHNSON	SAME AS ABOVE																				
5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-20-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>CLIFFORD E. MORT</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>				Signature		Date	7-20-99	Name (Typed or Printed)	CLIFFORD E. MORT	Title	PRESIDENT										
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ISSUED: 07-03-1999		30894																				