

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1993

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| No. 676 | Idaho Limited Liability Company Annual Report Form | 2. Registered Agent and Office NOT A P.O. BOX JONATHAN S COE |
| Return To | Due No Later Than November 30, 1995 | HWY 95 N |
| Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED | 1. Mailing Address - Please Correct If Not Correct NEWPORT OLDTOWN PRIEST RIVER SA JONATHAN S COE HWY 95 N SANDPOINT CHAMBER OF COMMERCE SANDPOINT ID 83864 | SANDPOINT CHAMBER OF COMMERCE SANDPOINT ID 83864 3. Organized Under The Laws of ID NO: 676 |

4. Names and Addresses of Managers or Members (check one) MUST BE PRINTED OR TYPED

| Name | Street or P.O. Address | City | State | Zip |
|--|------------------------|---------------|-------|-------|
| Greater Sandpoint Chamber of Commerce, | P.O. Box 928, | Sandpoint, | Id. | 83864 |
| Newport-Oldtown Chamber of Commerce, | 405 Walnut, | Newport, | Wa., | 99156 |
| Priest River Chamber of Commerce, | P. O. Box 929, | Priest River, | Id. | 83856 |

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| 5. Signature of the Current Registered Agent (if changed in block 2) | 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>Jonathan S. Coe</u> Date <u>7/18/95</u> Name <small>(Typed or Printed)</small> <u>Jonathan S. Coe</u> |
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