

No. <u>W 631</u>	Annual Report Form 19 <u>96</u> <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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct CAMP-PO L.L.C. PAUL CAMPBELL 297 E DEPOT WESTON ID 83286		PAUL CAMPBELL 297 E DEPOT WESTON ID 83286																			
			3. Organized Under the Laws of: ID W 681																			
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 checked="" 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></td><td>Paul Campbell</td><td>297 E. Depot St.</td><td>Weston</td><td>Id.</td><td>83286</td></tr><tr><td></td><td>Shelley Campbell</td><td>297 E. Depot St</td><td>Weston</td><td>Id.</td><td>83286</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip		Paul Campbell	297 E. Depot St.	Weston	Id.	83286		Shelley Campbell	297 E. Depot St	Weston	Id.	83286
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	Shelley Campbell	297 E. Depot St	Weston	Id.	83286																	
5. SIGNATURE OF CURRENT RA PAUL F. Campbell		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>Shelley Campbell</u> Date <u>11-20-96</u> Name (Typed or Printed) <u>Shelley Campbell</u> Title <u>RA</u>																				
ISSUED: 10-05-1996		100																				