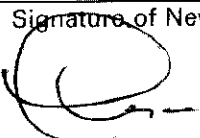
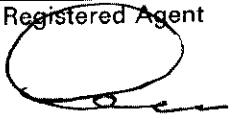
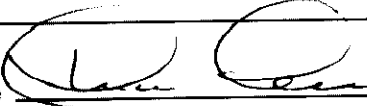
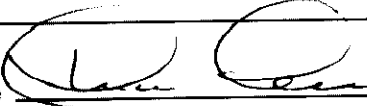
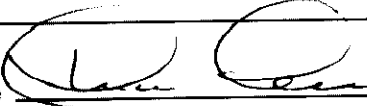


No. C129249	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct SILVER MT. RESORT COMPANY PO BOX 1300 COEUR D ALENE ID 83814		THOM W LANE 2020 LAKEWOOD DR STE 320 COEUR D ALENE ID 83814 3. Organized Under the Laws of: ID C129249																			
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" data-bbox="41 361 1486 691"> <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>Pres.</td> <td>THOM W LANE</td> <td>2020 LAKEWOOD DR</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Sec.</td> <td>CLARA J. LANE</td> <td>(SAME)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	THOM W LANE	2020 LAKEWOOD DR	COEUR D ALENE	ID	83814	Sec.	CLARA J. LANE	(SAME)			
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Sec.	CLARA J. LANE	(SAME)																				
5. Signature of New Registered Agent  		6. <table border="1" data-bbox="561 691 1486 845"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>07-24-99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>THOM W. LANE</td> <td>Title</td> <td>Pres.</td> </tr> </table>			Signature		Date	07-24-99	Name (Typed or Printed)	THOM W. LANE	Title	Pres.										
Signature		Date	07-24-99																			
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ISSUED: 07-03-1999

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