

No. W 2605	Annual Report Form Due No Later Than November 30, 1995		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 NESTER'S MOUNTAIN MOTEL, L.L. ALLEN KIESTER HC 87 BOX 210 PINE ID 83647		ALLEN KIESTER HC 87 BOX 210 PINE ID 83647 3. Organized Under the Laws of: ID W 2605																															
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" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Office held</th> <th style="width:25%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>H. Allen Kiester</td> <td>HC 87 Box 210</td> <td>Pine</td> <td>ID</td> <td>83647</td> </tr> <tr> <td>"</td> <td>Patricia Kiester</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Member</td> <td>GARY Schoen</td> <td>1110 S. McDermott</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>"</td> <td>Darlene Schoen</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Member	H. Allen Kiester	HC 87 Box 210	Pine	ID	83647	"	Patricia Kiester	" "	"	"	"	Member	GARY Schoen	1110 S. McDermott	Nampa	ID	83651	"	Darlene Schoen	" "	"	"	"
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5. SIGNATURE OF CURRENT RA		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>Patricia Kiester</u> Date <u>10/14/96</u> Name (Typed or Printed) <u>PAT</u> Title _____																																

ISSUED: 10-05-1996

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