

No. 58237	Idaho Corporation Annual Report Form Due No Later Than November 1,		2. Registered Agent and Office NOT A P.O. BOX PAT BONNER JOHN M. HOLST 215 C.D.A. DR 1500 W. NEWMAN																																											
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address (If Different From Above, Please Print) SPIRIT LAKE EAST HOMEOWNER'S ASSOC JOYCE G HOLST PO BOX 217 SPIRIT LAKE ID 83869		SPIRIT LAKE ID 83869 3. Incorporated Under The Laws of ID NO: 58237																																											
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																																														
<table border="1"> <thead> <tr> <th></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>John M Holst</td> <td>1500 W. NEWMAN.</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>83869</td> </tr> <tr> <td>Secretary:</td> <td>ERNA BONNER</td> <td>215 C.D.A. DR</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>83869</td> </tr> <tr> <td>Directors:</td> <td>ELAINE S. LOEHLEIN</td> <td>31410 N. SPIRIT DR</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>83869</td> </tr> <tr> <td></td> <td>ROY NIEGEL</td> <td>31552 N. ST. JOE</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>83869</td> </tr> <tr> <td></td> <td>SANDY DAVIS</td> <td>2210 W. KELSO</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>83869</td> </tr> <tr> <td></td> <td>ED BURNET</td> <td>W. 800 KELSO</td> <td>SPIRIT LAKE</td> <td>ID</td> <td>83869</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	John M Holst	1500 W. NEWMAN.	SPIRIT LAKE	ID	83869	Secretary:	ERNA BONNER	215 C.D.A. DR	SPIRIT LAKE	ID	83869	Directors:	ELAINE S. LOEHLEIN	31410 N. SPIRIT DR	SPIRIT LAKE	ID	83869		ROY NIEGEL	31552 N. ST. JOE	SPIRIT LAKE	ID	83869		SANDY DAVIS	2210 W. KELSO	SPIRIT LAKE	ID	83869		ED BURNET	W. 800 KELSO	SPIRIT LAKE	ID	83869
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5. Nature of Business HOMEOWNERS ASSOC.		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>John M Holst</u> Date <u>Mon. 12. July. 93</u> Name (Typed and Printed) _____ Title <u>PRES</u>																																												