

No. 76504 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1.</i> 1. Mailing Address — <i>Please Correct</i> SHORE PINES HOMEOWNERS ASSO LAWRENCE V. RUSSELL 511 SHORE PINES DRIVE POST FALLS ID 83854	2. Registered Agent and Office LAWRENCE V. RUSSELL 511 SHORE PINES DRIVE POST FALLS ID 83854 3. Incorporated Under The Laws of ID NO: 076504																								
4. Names and Addresses of Officers and Directors <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>MARVIN Bieber</td> <td>518 Shore Pines Dr</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary:</td> <td>Nancy Seright</td> <td>516</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	MARVIN Bieber	518 Shore Pines Dr	Post Falls	ID	83854	Secretary:	Nancy Seright	516				Directors:					
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Directors:																										
5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>N Seright</i></td> <td>Date</td> <td>10/28/90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Nancy O Seright</td> <td>Title</td> <td>Sec/Treas</td> </tr> </table>		Signature	<i>N Seright</i>	Date	10/28/90	Name (Typed or Printed)	Nancy O Seright	Title	Sec/Treas																
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