

No. 451	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX MATTHEW F LINSKOTT 105 PINE ST STE 103 SANDPOINT ID 83864																			
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 M & L L.L.C. MATTHEW F LINSKOTT 105 PINE ST STE 103 SANDPOINT ID 83864		3. Organized Under the Laws of: ID W 451																			
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input 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: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Matthew F. Linscott</td> <td>8785 W Fry Cr Rd</td> <td>Sagle</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>Manager</td> <td>Mark C. Linscott</td> <td>105 Pine Suite#103</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Matthew F. Linscott	8785 W Fry Cr Rd	Sagle	ID	83864	Manager	Mark C. Linscott	105 Pine Suite#103	Sandpoint	ID	83864
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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>Matthew Linscott</u> Date <u>8-8-96</u> Name <small>(Typed or Printed)</small> <u>Matthew Linscott</u> Title <u>Manager</u> <div style="text-align: right;">2146</div>																				

ISSUED: 37-08-1995