

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992 1. Mailing Address -- Please Correct, If Not Correct LAKESIDE CONDOMINIUM ASSOCIATIO CHASE BARBEE 8395 GOLSE BOISE ID 83704 0000	2. Registered Agent and Office NOT A P.O. BOX CHASE BARBEE 6060 EMERALD BOISE ID 83704 3. Incorporated Under The Laws of ID NO: 45672																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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: Mike Combs</td> <td>Sky Line Dr.</td> <td>Cascade</td> <td>Idh.</td> <td>83611</td> </tr> <tr> <td>Secretary: Chase Barbree</td> <td>8395 Golse</td> <td>Boise</td> <td>Idh.</td> <td>83704</td> </tr> <tr> <td>Directors: Beth Smith</td> <td>Sky Line Dr.</td> <td>Cascade</td> <td>Idh.</td> <td>83611</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: Mike Combs	Sky Line Dr.	Cascade	Idh.	83611	Secretary: Chase Barbree	8395 Golse	Boise	Idh.	83704	Directors: Beth Smith	Sky Line Dr.	Cascade	Idh.	83611
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5. Nature of Business Condominium 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>Chase Barbree</u> Date <u>7/8/92</u> Name (Typed or Printed) <u>Chase Barbree</u> Title <u>Sec-Treas</u>																					