

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0072922

DOCUMENT # M01000001261



1. Entity Name
ALASKA LOUISIANA NEWCO, LLC

FILED

2003 MAR 10 AM 10:32

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
323 FIFTH STREET 323 FIFTH STREET
EUREKA CA 95501 EUREKA CA 95501

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **94-3311823** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street, Suite 105
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **SN SERVICING CORPORATION**
STREET ADDRESS **323 FIFTH STREET**
CITY-ST-ZIP **EUREKA CA 95501**

Change Addition
700013734747
03/10/03--01076--020 **50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

January 10, 2003 707-442-2818

Date Daytime Phone #

CR2E083 (10/02)

SN SERVICING CORPORATION

323 FIFTH STREET (95501)
P.O. BOX 35
EUREKA, CA 95502
(707) 442-2818 FAX (707) 443-1562

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 5, 2003

VIA PRIORITY DELIVERY/ DELIVERY CONFIRMATION

Florida Department of State
Divisions of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Alaska Louisiana Newco, LLC – M01000001261

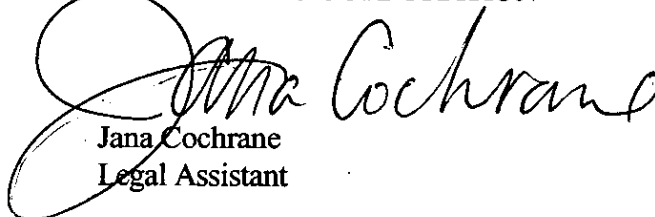
Dear Sir or Madam:

Enclosed is the **original** 2003 Uniform Business Report for the above referenced Entity.
Also enclosed is our Check No. 1001139 in the amount of \$50.00 representing the filing fee.

If you should have any questions or require additional information, please do not hesitate to contact me at (800) 603-0836, ext. 1261.

Sincerely,

SN SERVICING CORPORATION



Jana Cochran
Legal Assistant

:jmc

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Enclosures

Delivery Confirmation No. 0301 0120 0009 5701 2605