



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

2005

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>100217</b>		2. Exact name of the limited liability company <b>DEL NORTE REFI, LLC</b>			
3. State of Formation <b>ALASKA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO OWN, OPERATE, MANAGE, BUY AND SELL REAL ESTATE</b>			
5. Principal office address <b>323 FIFTH STREET</b>		City <b>EUREKA</b>	State <b>CA</b>	Zip <b>95501</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>JUNE L. LOWMAN</b>		Contact Title <b>SENIOR PARALEGAL</b>			
Street Address <b>323 FIFTH STREET</b>		City <b>EUREKA</b>	State <b>CA</b>	Zip <b>95501</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>PRENTICE-HALL CORP SYSTEM</b>		Address			
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888</b>		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\*100217\*

File Date	<b>9/26/05</b>
Check No.	<b>141437</b>
By:	<b>chr</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

**9/12/05**  
Date

**ALLAN GRUSHKIN, SENIOR VICE PRESIDENT**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>100217</b>		2. Exact name of the limited liability company <b>DEL NORTE REFI, LLC</b>	
3. State of Formation <b>ALASKA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO OWN, OPERATE, MANAGE, BUY AND SELL REAL ESTATE AND ANY OTHER LAWFUL ACTS</b>	
5. Principal office address <b>323 Fifth Street</b>		City <b>Eureka</b>	State <b>CA</b>
		Zip <b>95501</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>June L. Lowman</b>		Contact Title <b>Senior Paralegal</b>	
Street Address <b>323 Fifth Street</b>		City <b>Eureka</b>	State <b>CA</b>
		Zip <b>95501</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>PRENTICE-HALL CORP SYSTEM</b>		Address	
Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>		City <b>WARWICK</b>	Zip <b>02888-</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 0 0 2 1 7 \*

File Date	<b>9/27/04</b>
Check No.	<b>18923</b>
By:	<b>DA</b>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person  
**9/13/04**  
Date  
**Allan Grushkin, Senior Vice President**  
Print or Type Name of Authorized Person



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>100217</b>		2. Exact name of the limited liability company <b>DEL NORTE REFI, LLC</b>	
3. State of Formation <b>ALASKA</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TO OWN, OPERATE, MANAGE, BUY AND SELL REAL ESTATE AND ANY OTHER LAWFUL ACTS</b>	
5. Principal office address <b>323 Fifth Street</b>		City <b>Eureka</b>	State <b>CA</b>
		Zip <b>95501</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name		Contact Title	
Street Address <b>323 Fifth Street</b>		City <b>Eureka</b>	State <b>CA</b>
		Zip <b>95501</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>PRENTICE-HALL CORP SYSTEM</b>		Address	
Address <b>170 WESTMINSTER STREET, SUITE 900</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<u>10.3.03</u>
Check No	<u>17598</u>
By	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/16/03  
Signature of Authorized Person Date  
Allan Grushkin, Senior Vice President of  
Pacific Seaboard Investment Company, LLC  
Print or Type Name of Authorized Person its Member

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

## LIMITED LIABILITY COMPANY

ID Number FLLC100217

Annual Report for the year 2002

1. The name of the limited liability company is:

Del Norte Refi, LLC

2. The address of the principal office of the limited liability company is:

323 Fifth Street, Eureka, CA 95501

3. The state or other jurisdiction under the laws of which it is formed is: Alaska

4. The name and address of its resident agent is: The Prentice-Hall Corporation System, Inc.

170 Westminster Street, Suite 900, Providence, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 323 Fifth Street, Eureka, CA 95501 Attn: Sally Stafford

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquisition and collection of promissory notes and real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated June 10, 2002

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Del Norte Refi, LLC

Exact Name of Limited Liability Company

By: Pacific Seaboard Investment Company, LLC its Member

By: Security National Holding Company, LLC its Member  
By SN Servicing Corporation, its Manager

Title

By: Allan Grushkin, Senior Vice President

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number FLLC 100217

Annual Report for the year 2001

1. The name of the limited liability company is:

DEL NORTE REFI, LLC

2. The address of the principal office of the limited liability company is:

323 FIFTH STREET EUREKA, CALIFORNIA 95501

3. The state or other jurisdiction under the laws of which it is formed is ALASKA

4. The name and address of its resident agent is: PRENTICE-HALL CORP SYSTEM

170 WESTMINSTER STREET, SUITE 900 PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 323 FIFTH STREET EUREKA, CALIFORNIA 95501

ATTN: LEGAL DEPT.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ACQUISITIONS AND COLLECTION OF REAL ESTATE

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
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PACIFIC SEABOARD INVESTMENT COMPANY, LLC 323 FIFTH STREET EUREKA, CA. 95501

PACIFIC SEABOARD INVESTMENT COMPANY TWO, LLC 323 FIFTH STREET EUREKA, CA. 95501

Dated 9/11/01



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

DEL NORTE REFI, LLC

*Exact Name of Limited Liability Company*

BY PACIFIC SEABOARD INVESTMENT COMPANY, LLC MEMBER\*

By [Signature] **\*SECURITY NATIONAL HOLDING\*\***  
**\*\*COMPANY LLC, ITS SOLE MEMBER, BY SN SERVICING CORPORATION F/K/A SECURITY NATIONAL SERVICING CORPORATION,**  
**ITS MANAGER, Title**  
**BY: ALLAN GRUSHKIN, SENIOR VICE PRESIDENT**

Form No. 632  
Revised 01/99

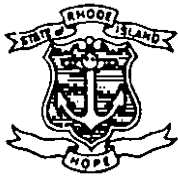
FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-28-01</u>
Check No.:	<u>15024</u>
By:	<u>[Signature]</u>

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number FLLC 100217

Annual Report for the year 2000

1. The name of the limited liability company is:

DEL NORTE REFI, LLC

2. The address of the principal office of the limited liability company is:

323 FIFTH STREET, EUREKA, CA 95501

3. The state or other jurisdiction under the laws of which it is formed is ALASKA

4. The name and address of its resident agent is: PRENTICE-HALL CORP SYSTEM

170 WESTMINSTER STREET, SUITE 900 PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 323 FIFTH STREET, EUREKA, CA 95501 ATTN: SALLY STAFFORD

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO OWN, OPERATE, MANAGE, BUY AND SELL REAL ESTATE AND ANY OTHER LAWFUL ACTS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
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PACIFIC SEABOARD INVESTMENT  
COMPANY, LLC

323 FIFTH STREET, EUREKA, CA 95501

PACIFIC SEABOARD INVESTMENT  
COMPANY TWO, LLC

323 FIFTH STREET, EUREKA, CA 95501

Dated SEPTEMBER 11, 2000



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

DEL NORTE REFI, LLC

*Exact Name of Limited Liability Company*

By

ROBIN P. ARKLEY II, PRESIDENT

*Title*

FOR SECRETARY OF STATE USE ONLY

File Date:

9/25

Check No.:

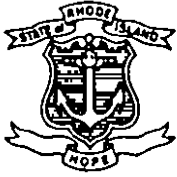
4048

By:

21

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

ID Number FL 100217

Annual Report for the year 1999

1. The name of the limited liability company is:

DEL NORTE REFI, LLC

2. The address of the principal office of the limited liability company is:

323 FIFTH STREET, EUREKA, CA 95501

3. The state or other jurisdiction under the laws of which it is formed is ALASKA

4. The name and address of its resident agent is: PRENTICE-HALL CORP SYSTEM

170 WESTMINSTER STREET, SUITE 900 PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 323 FIFTH STREET, EUREKA, CA 95501 LENDA M. LEAL, EXEC. V.P.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO OWN, OPERATE, MANAGE, BUY AND SELL REAL ESTATE AND ANY OTHER LAWFUL ACTS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

PACIFIC SEABOARD INVESTMENT  
COMPANY, LLC

323 FIFTH STREET, EUREKA, CA 95501

PACIFIC SEABOARD INVESTMENT  
COMPANY TWO, LLC

323 FIFTH STREET, EUREKA, CA 95501

Dated OCTOBER 04, 1999

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



DEL NORTE REFI, LLC

Exact Name of Limited Liability Company

By

LENDA M. LEAL

Title

EXECUTIVE VICE PRESIDENT

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-18-99

Check No.: 2547

By: AMF