

Signature: Shelby Kok

ANNUAL UPDATE

3. Is the parcel still being used for purposes stated in the appropriation? Yes (If "no" please explain: 4. Are there any other changes to the Initial Reporting Form? Please explain. Question #1 - If answer was "No", please complete below Organization: Contact: Address: City: Phone: Phone:	Date of Report (mm/dd/yyyy): 11/26/2024 14:36	ANNUAL Update ID #:
Mille Lacs - Kathio State Park - Parks and Trails Council-Camp Onomia 1. Do you (does your organization/agency) still own interest in the above parcel? Yes 2. Is the contact information for this parcel correct? Yes 3. Is the parcel still being used for purposes stated in the appropriation? Yes (If "no" please explain: 4. Are there any other changes to the Initial Reporting Form? Please explain. Question #1 - If answer was "No", please complete below Organization: Contact: Address: City: Phone: Phone:	Trust Fund ID #: 15-095-001	8257
L. Do you (does your organization/agency) still own interest in the above parcel? Yes Yes	Norking title(s) of acquisition:	
2. Is the contact information for this parcel correct? Yes 3. Is the parcel still being used for purposes stated in the appropriation? Yes (If "no" please explain: 3. Are there any other changes to the Initial Reporting Form? Please explain. Question #1 - If answer was "No", please complete below Organization: Contact: Address: City: Phone: Phone:	Mille Lacs - Kathio State Park - Parks and Trails Council-Car	mp Onomia
(If "no" please explain: 4. Are there any other changes to the Initial Reporting Form? Please explain. Question #1 - If answer was "No", please complete below Organization: Contact: Address: City: Phone: Phone:	I. Do you (does your organization/agency) still own inte	rest in the above parcel? Yes
(If "no" please explain: 4. Are there any other changes to the Initial Reporting Form? Please explain. Question #1 - If answer was "No", please complete below Organization: Contact: Address: City: Phone: Phone:	2. Is the contact information for this parcel correct? Ye	S
Question #1 - If answer was "No", please complete below Question #2 - If answer was "No", please complete below Organization: Organization: Contact: Address: City: City: Phone: Phone:	(If "no" please explain:	
Organization: Contact: Address: City: Phone: Organization: Contact: Contact: Address: City: Phone:	4. Are there any other changes to the Initial Reporting Fo	orm? Please explain.
Contact: Address: City: Phone: Contact: Address: City: Phone:	Question #1 - If answer was "No", please complete below	Question #2 - If answer was "No", please complete below
Address: City: Phone: Phone:	Organization:	Organization:
City: Phone: Phone:	Contact:	Contact:
Phone: Phone:	Address:	Address:
	City:	City:
Email:	Phone:	Phone:
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