No. **W 4690**	**Due no later than Sep 30, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CAPE HORN PROPERTIES, L.L.C. LUCILLE N SQUIRE PO BOX 859 BAYVIEW ID 83803 USA	RANDALL & DANSKIN, P.S. C/O KEITH D BROWN 2160 FOREST GLEN BLVD POST FALLS ID 83854 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	LUCILLE N SQUIRE	P.O. BOX 859	BAYVIEW	ID	USA	83803

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4690**	Signature: Lucille N. Squire	Date: 08/20/2014
	Name (type or print): Lucille N. Squire	Title: Owner, President

Processed 08/20/2014

* Electronically provided signatures are accepted as original signatures.