No. <b>W 62361</b>		Due no later than May 31, 2017		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SPRING HOLLOW LLC. SHAWN M HELM 841 MAPLE DR FISH HAVEN ID 83287		841 MAPL FISH HAV	SHAD R HELM 841 MAPLE DR FISH HAVEN ID 83287  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	nes and Addresses of at	Street or PO Address	City	State	Country	Postal Code	
MEMBER	SHAWN M HELM		841 MAPLE DR	FISH HAVE	N ID	,	83287	
5. Organized Under the Laws of:  ID		6. Annual Report must be signed.* Signature: Shawn M Helm			Date: 04/10/2017			
<b>W 62361</b> Processed 04/10/2017		Name (type or print): Shawn M Helm Title: Member  * Electronically provided signatures are accepted as original signatures.						