

No. W 39053		Due no later than May 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHAMBERLAIN FAMILY, LLC DAVID CHAMBERLAIN 4800 E MAJESTIC VIEW DR IDAHO FALLS ID 83406		DAVID J CHAMBERLAIN 4800 MAJESTIC VIEW DR IDAHO FALLS ID 83406	
				3. <u>New</u> 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	DAVID J CHAMBERLAIN	4800 E MAJESTIC VIEW DR	IDAHO FALLS	ID	83406
MANAGER	SHAWNA L CHAMBERLAIN	4800 E MAJESTIC VIEW DR	IDAHO FALLS	ID	83406
5. Organized Under the Laws of: ID W 39053		6. Annual Report must be signed.* Signature: Shawna Chamberlain Name (type or print): Shawna Chamberlain Date: 05/02/2017 Title: manager			
Processed 05/02/2017		* Electronically provided signatures are accepted as original signatures.			