No. * I	3)		ual Report Form 193 ater Than November 30,	2. Registered Agent	and Office No	OT A P.O. BOX
Return to:		I. Mailing Address - Ple	ease Cornect, If Not Cornect	PARK PLA	CE, SUI	TE 200
SECRETARY OF S 700 WEST JEFFE		PARALLAX IN	WESTMENTS, L.C.	277 N STH	ST	; Margan
PO BOX 83720		CHRISTOPHER		BOISE	I	83732
BOISE, ID 83720-0	0080	PARK PLACE	<del>-</del>			
NO FEE REQUI	RED	277 N 6TH S	ST.	3. Organized Unde	r the Laws of:	
* FIRST VO	TICE *	301SE	ID 33732	CI CI		180
Limited Liability	Companies: Enter	Names and Addresse		bers (check one)		
Office held	<u>Name</u>	<u>\$t</u>	reet or P.O. Address	City	State	Zip
Member	Christopher		7 North 6th St. ite 200	Boise	ID	83702
ANY LAW		knowle Signatu		Date _	8-6	
ANY LAW	IFUL Investments	knowle Signatu	edge true, correct and complete.	Date _	₹-८ ember	
21 alaw 1 1 4 5	IFUL Investments	knowle Signatu	edge true, correct and complete.	Date _	8-6	
ANY LAW	IFUL Investments	knowle Signatu	edge true, correct and complete.	Date _	₹-८ ember	