

No. W 38679	Due no later than Apr 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ROBERTS DUPLEX #1, L.L.C. MARY ANN ROBERTS PO BOX 4577 HAILEY ID 83333 PO Box 303 Twin Falls, Idaho 83303		MARY ANN ROBERTS 336 CROY CREEK CANYON HAILEY ID 83333 2639 East, 3800 North Twin Falls Idaho 83301 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mary Ann Roberts</td> <td>PO Box 303</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83303</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mary Ann Roberts	PO Box 303	Twin Falls	ID		83303	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 38679	6. Signature: <u>Mary Ann Roberts</u> Date: <u>2-13-18</u> Name (type or print): <u>Mary Ann Roberts</u> Title: <u>Member</u>																																					

Issued 02/06/2018 by online

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM