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| No. W 62010 | Due no later than Apr 30, 2013 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543 |
| 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. WINCHESTER PROPERTIES LLC WAYNE E HUMPHREY 110 CLOVER CREST DR CLOVERDALE CA 95425 USA | | 3. <u>New</u> Registered Agent Signature. |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|-------------------|----------------------|------------|----------|---------|-------------|
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | LORRAINE Humphrey | 110 CLOVER CREST DR. | CLOVERDALE | CA | | 95425 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | WAYNE Atkinson | 3610 15th St | Lewiston, | Ida. | | 83501 83501 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | Space 35 | | Nezperce | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

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| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 62010 </div> | 6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <u>Lorraine Humphrey</u> Name (type or print): <u>LORRAINE Humphrey</u> </div> <div style="width: 35%;"> Date: <u>2/23/13</u> Title: <u>Manager</u> </div> </div> |
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