


No. W 21485	Due no later than Nov 30, 2017 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DOUGLAS W TAMURA 1124 SANTA MARIA DR BOISE ID 83712
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. FAIRVIEW LAKES, L.L.C. 1124 SANTA MARIA BOISE ID 83702	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 type="checkbox"/> Member <input checked="" type="checkbox"/> DOUG TAMURA 732 SANTA PAULA PL. BOISE, ID 83712		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 21485 </div>	6. Signature:  <hr/> Name (type or print): DOUGLAS TAMURA <div style="float: right; text-align: right;"> Date: 2/23/18 Title: MEMBER </div>	
Issued 02/23/2018 by TLB		128643

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM