

Idaho Limited Liability Company Annual Report Form

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Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Return completed form within 30 days to:

Boise, ID 83720 Phone: (208) 334-2300 File #: 0005225228

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Annua	l Report: No filing fee if	Due no later than: 05/	5/31/20 23 [
SOS Control Number: 504226 Limited Liability Company (D)		Filing Status: Active-Existing Date Formed: 05/05/2016	Formation Locale: ID	2 8 2 3
Name and Mai AUTUMN WOO 1506 CEDAR A LEWISTON, ID	OD COURT LLC AVE	(1) Add or Change Mailing Address:	18:48 48
Registered Ag DAVID E PRES 1506 CEDAR A LEWISTON, ID	AVE 0 83501	I Office (RO) Address: (2 tered Office address must be a physical) Change RA and/or RO Address: Idaho address (no postal box).	70000000000000000000000000000000000000
(4) Limited Liabili	ity Companies: Enter names	If a new agent is appointed in item (s and addresses of Managers OR Men	2) above, the new agent must sign here to accept the ap nbers. Do NOT put 'same as last year' or 'sam If more space is needed, please add an atta	ne as above',
Manager/Member	Name	Business Address	City, State, Zip	
Mgr Mem	David Presnell	ISOU CE dev Ne	Lewiston, ID 83	
(5) Signature: http://www.chi.edu.com/signatures/100 (6) Date: 5-/-23				
(7) Type/Print Nam	e: \aurid P	eshell (8	Title: CWNEV	

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.