


No. <b>W 59526</b>	Due no later than Feb 28, 2018 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> FAIRVIEW LAKES OFFICE DEVELOPMENT, LLC DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712		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 USA 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 59526           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:             Name (type or print): DOUG TAMURA         </div> <div style="width: 35%; text-align: center;">           Date: 2/23/18            Title: MEMBER         </div> </div>	
Issued 02/23/2018 by TLB		126715	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM