

No. W 61616	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HAYDEN LAKEVIEW, LLC TODD STAM 1831 N LAKEWOOD DR SUITE A COEUR D ALENE ID 83814		TODD R STAM 1831 N LAKEWOOD DR SUITE A COEUR D'ALENE ID 83814			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	TODD R STAM	1831 N LAKEWOOD DR SUITE A	COEUR D ALENE	ID		83814
MANAGER	ZETTA M STAM	1831 N LAKEWOOD DR SUITE A	COEUR D ALENE	ID		83814
5. Organized Under the Laws of: ID W 61616	6. Annual Report must be signed.* Signature: Todd Stam Name (type or print): Todd Stam		Date: 02/23/2017 Title: Manager			
Processed 02/23/2017		* Electronically provided signatures are accepted as original signatures.				