No. **W 85130**	**Due no later than Jul 31, 2012** **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.** LAKE VIEW PROPERTY SERVICE LLC APRIL A WEISKIRCHER PO BOX 508 CASCADE ID 83611	APRIL WEISKIRCHER 510 N SCHOOL ST CASCADE ID 83611 3. New 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	APRIL WEISKIRCHER	PO BOX 508	CASCADE	ID	USA	83611

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 85130**	Signature: April A Weiskircher	Date: 05/14/2012
	Name (type or print): April A Weiskircher	Title: Manager

Processed 05/14/2012

* Electronically provided signatures are accepted as original signatures.