

No. W 94646		Due no later than Jul 31, 2016 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		1. Mailing Address: Correct in this box if needed. MMC-WESTWOOD, LLC TIMOTHY A COCHRAN 329 EUCLID SANDPOINT ID 83864		TIMOTHY A COCHRAN 329 EUCLID SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	KATE J FARNER	755 FIFTH AVE NW B101	ISSAQAH	WA	USA	98027	
MEMBER	TIMOTHY A COCHRAN	329 EUCLID AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 94646		6. Annual Report must be signed.* Signature: Tim Cochran Name (type or print): Tim Cochran Date: 06/10/2016 Title: Member					
Processed 06/10/2016 * Electronically provided signatures are accepted as original signatures.							