No. <b>W 96875</b> Return to:		Due no later than Oct 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOPAR MEADOWS, LLC KATRINA L JONES 22 S ROBINSON RD NAMPA ID 83687 USA			2. Registered Agent and Address (NO PO BOX)  KATRINA L JONES  22 S ROBINSON RD  NAMPA ID 83687  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				NAI				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City		State	Country	Postal Code
MANAGER	KATRINA L	JONES	22 S ROBINSON RD	NAM	PA	ID	USA	83687
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 96875		Signature: Katrina L. Jones			Date: 11/07/2015			
		Name (type or print): Katrina L. Jones			Title: co-owner			
Processed 11/07/2015 * Electronically provided signatures are accepted as original signatures.								