No. W 93711		Due no later than May 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. CREEKSIDE RENTALS L.L.C. KAREN L CHAPMAN PO BOX 1026 OROFINO ID 83544		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KAREN CHAPMAN 3 BLUE MOON LN OROFINO ID 83544-1026 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mas and Addresses	of at least one Member or Manager					
Office Held Name		mes and Addresses	Street or PO Address	City	State	Country	Postal Code	
Manager Manager	KAREN L CHAPMAN DANIEL S CHAPMAN		3 BLUE MOON LN. PO BOX 1026 3 BLUE MOON LN PO BOX 1026	OROFINO OROFINO	ID ID	USA USA	83544-1026 83544-1026	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 93711		Signature: Karen L Chapman		Date: 03/25/2014				
		Name (type or print): Karen L Chapman		Title: Manager				
Processed 03/25/2014		* Electronically prov	vided signatures are accepted as original s	ignatures.				