No. <b>W 56663</b>	Due no later than Nov 30, 2016	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	SHELLIE ROISUM
SECRETARY OF STATE	1. Mailing Address: Correct in this box if	if needed. 7955 S BLACKHAWK DR IDAHO FALLS ID 83406
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROISUM MOUNTAIN VIEW, LLC SHELLIE ROISUM 7955 S BLACKHAWK DR	
	IDAHO FALLS ID 83406	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter	Names and Addresses of at least one Member or Man	anager.
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER SHELLIE	ROISUM 7955 S BLACKHAWK DR	R IDAHO FALLS ID 83406
MANAGER TONY RO	SISUM 7955 S BLACKHAWK DR	R IDAHO FALLS ID 83406
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Shellie Roisum	Date: 09/28/2016
W 56663	Name (type or print): Shellie Roisum	Title: Manager
Processed 09/28/2016	* Electronically provided signatures are accepted as original signatures.	