No. W 9234		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY VIEW CENTER, L.L.C. ALTA CHERE BALDWIN 6050 HI WAY 55 HORSESHOE BEND ID 83629		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) GARTH BALDWIN 6050 HI WAY 55 HORSESHOE BEND ID 83629 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				6050 HI WAY				
				3. <u>New</u> Registere				
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses	of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JUSTIN M LESTER		6050 HIGHWAY 55	HORSESHOE BEND	ID	USA	83629	
MEMBER	ALTA CHERE BALDWIN		4253 N. ARCHES WAY	NERIDIAN	ID		83646	
MEMBER	GARTH BALDWIN		6050 HIGHWAY 55	HORSESHOE BEND	ID		83629	
MEMBER	KATHRYN BALDWIN		6050 HIGHWAY 55	HORSESHOE BEND	ID		83629	
MEMBER	GARY MOSS		5571 S.GRAPHITE WAY	MERIDIAN	ID		83642	
MEMBER	TANYA MOSS		5571 S.GRAPHITE WAY	MERIDIAN	ID		83642	
MEMBER	CHANTELL BALDWIN JAMES TODD BALDWIN		6172 ARNEY LANE	BOISE	ID		83704	
MEMBER	JAMES TOD	D BALDWIN	825 TROPICAL	NAMPA	ID		83686	
5. Organized Under the Laws of: 6. Annua		6. Annual Report m	Annual Report must be signed.*					
ID		Signature: justin lester			Date: 05/17/2018			
W 9234		Name (type or p		Title: manager				
Processed 05/17/2018		* Electronically prov	ided signatures are accepted as origina	al signatures.				