

No. W 20375	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LEE W WOODRUFF JR 1019 CASSIA AVE IDAHO FALLS ID 83402			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WOODRUFF APARTMENTS #1 LLC 1019 CASSIA AVE IDAHO FALLS ID 83402		3. New Registered Agent Signature. _____			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lee W. Woodruff, Jr. 1019 Cassia Ave Idaho Falls Idaho Bonneville 83402					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:	6.		Signature: _____			
IDAHO W 20375	Signature: _____ Name (type or print): L. W. Woodruff		Date: <u>6/28/15</u> Title: <u>OWNER</u>			
Issued 06/22/2015 by SLD 100753						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office