

| | | | | | |
|--|------------------|--|-------|--|---------------------|
| No. W 18892 | | Due no later than Apr 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGH PLACES, LLC ROBERT O STEVENS 3517 HILLCREST BOISE ID 83705 | | ROBERT O STEVENS 3517 HILLCREST BOISE ID 83705 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MEMBER | ROBERT O STEVENS | 3517 HILLCREST | BOISE | ID | 83705 |
| 5. Organized Under the Laws of: ID W 18892 | | 6. Annual Report must be signed.* Signature: Robert O Stevens Name (type or print): Robert O Stevens Date: 02/23/2016 Title: owner | | | |
| Processed 02/23/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |