

No. <b>W 8338</b>		<b>Due no later than Mar 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PARKSIDE MOBILE MANOR, LLC SCOTT KELLY HORROCKS 6444 OLD OREGON TR RD LAVA HOT SPRINGS ID 83246		SCOTT KELLY HORROCKS 6444 OLD OREGON TR RD LAVA HOT SPRINGS ID 83246			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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
MANAGER	SCOTT KELLY HORROCKS	6444 OLD OREGON TRAIL ROAD		LAVA HOT SPRINGS	ID	USA	83246
MANAGER	CHARLES MICHAEL HORROCKS	345 E RICH LANE		BLACKFOOT	ID	USA	83221
MANAGER	MICHELLE L HORROCKS	6444 OLD OREGON TRAIL ROAD		LAVA HOT SPRINGS	ID	USA	83246
MANAGER	NANCI J HORROCKS	345 EAST RICH LANE		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  <b>ID</b> <b>W 8338</b>		6. Annual Report must be signed.*  Signature: Scott Horrocks Name (type or print): Scott Horrocks					
		Date: 01/10/2012 Title: Partner					
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.					