No. W 115012 Return to:		Due no later than Jun 30, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX) BRUCE SIMON 620 CENTENNIAL MOUNTAIN ST DRIGGS ID 83422 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CREEKSIDE MEADOWS, LLC BRUCE SIMON PO BOX 1170 WILSON WY 83014				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	nies: Enter Nan	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BRUCE SIMO	PO BOX 1170	WILSON	WY	USA	83014
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
WY		Signature: Jean Hansen	Date: 05/12/2016			
W 115012		Name (type or print): Jean Hansen	Title: Manager			
Processed 05/12/2016 * Electronically provided signatures are accepted as original signatures.						