

No. <b>W 5913</b>		<b>Due no later than Apr 30, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		STEVEN R. PARRY 490 MEMORIAL DR IDAHO FALLS 83402		
		<b>1. Mailing Address: Correct in this box if needed.</b> MEMORIAL DRIVE ASSOCIATES L.L.C. STEVEN R. PARRY P O BOX 51630 IDAHO FALLS ID 83405		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	DOUGLAS R. NELSON	490 MEMORIAL DR	IDAHO FALLS	ID		83402
MANAGER	SCOTT R. HALL	490 MEMORIAL DR	IDAHO FALLS	ID		83402
MANAGER	STEVEN R. PARRY	490 MEMORIAL DR	IDAHO FALLS	ID		83402
MANAGER	BRIAN T. TUCKER	490 MEMORIAL DRIVE	IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:  <b>ID W 5913</b>		6. Annual Report must be signed.* Signature: Steven R. Parry Name (type or print): Steven R. Parry			Date: 02/13/2015 Title: Manager	
Processed 02/13/2015		* Electronically provided signatures are accepted as original signatures.				