No. W 185636		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CMH47, LLC CHARLENE M HEWITT 7212 NORTH SPURWING WAY MERIDIAN ID 83642		CHARLENE M HEWITT 7212 NORTH SPURWING WAY MERIDIAN ID 83646 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CHARLENE M 7212 NORTH						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CHARL	ENE M HEWITT	7212 N SPURWING WAY	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*					
ID	Signature: Ch	Signature: Charlene M Hewitt		Date: 04/24/2018			
W 185636	Name (type o	Name (type or print): Charlene M Hewitt		Title: Manager			
Processed 04/24/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.					