No. <b>W 7705</b>		Due no later than Jan 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AUTUMN COVE MOBILE HOME PARK, LLC DAVID N JOHNSON PO BOX 7 REXBURG ID 83440		921 S ORCHARD ST STE G BOISE ID 83705-8344  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	ıpanies: Enter Naı	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVID N JOHNSON		288 NEZ PERCE AVE P.O. BOX 7	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David Johnson		Date: 12/02/2016				
W 7705		Name (type or print): David Johnson		Title: Manager				
Processed 12/02/2016 * Electronically provided signatures are accepted as original signatures.								