

No. W 66439	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BARBARA AMICK 121 IRENE ST KETCHUM ID 83340																															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. 4911 AD, LLC PO BOX 323 SUN VALLEY ID 83353		3. New Registered Agent Signature.																															
NO FILING FEE IF RECEIVED BY DUE DATE																																		
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BARBARA AMICK</td> <td>Box 323</td> <td>SUN VALLEY</td> <td>BLNT</td> <td>83353</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CAROL DUNOORD</td> <td>Box 739</td> <td>SUN VALLEY</td> <td>BLNT</td> <td>83353</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JOHN DUNOORD</td> <td>Box 739</td> <td>SUN VALLEY</td> <td>BLNT</td> <td>83353</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	BARBARA AMICK	Box 323	SUN VALLEY	BLNT	83353	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CAROL DUNOORD	Box 739	SUN VALLEY	BLNT	83353	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOHN DUNOORD	Box 739	SUN VALLEY	BLNT	83353	Manager <input type="checkbox"/> Member <input type="checkbox"/>					
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5. Organized Under the Laws of: IDAHO W 66439	<p>6. Signature: <u>Barbara Amick</u> Name (type or print): <u>Barbara Amick</u></p> <p>Date: <u>8/5/14</u> Title: <u>MANAGER</u></p>																																	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box**.

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.