

No. W 36439		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. STEAMBOAT CLIFFS, LLC TIM A JOHNSON 511 PINE ST WALLACE ID 83873		JOHN F MAGNUSON 1250 NORTHWOOD CTR CT STE A COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				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	TIM A JOHNSON	511 PINE ST.	WALLACE	ID	83873		
MANAGER	DONNA G WESTMORELAND	511 PINE ST	WALLACE	ID	83873		
5. Organized Under the Laws of: ID W 36439		6. Annual Report must be signed.* Signature: Donna Westmoreland Name (type or print): Donna Westmoreland					
		Date: 12/29/2017 Title: Mgr					
Processed 12/29/2017		* Electronically provided signatures are accepted as original signatures.					