No. W 57471 Return to:		Due no later than Dec 31, 2017 Annual Report Form		Registered Agent and Address (NO PO BOX) ALPHONSE R GAMACHE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GAMACHE HOMES, L.L.C. ALPHONSE gamache 620 ORCHARD DR TWIN FALLS ID 83301		ed.	620 ORCHARD TWIN FALLS ID 83303 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	NAGER ALPHONSE F		2312 POLELINE RD E		TWIN FALLS	ID		83301
MANAGER GERALDINE		L GAMACHE	2312 POLELINE RD E		TWIN FALLS	ID		83301
MANAGER	ROB L GAMANCHE		620 ORCHARD DR WEST		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 57471		Signature: Alphonse Gamache			Date: 10/31/2017			
		Name (type or print): Alphonse Gamache			Title: owner			
Processed 10/31/2017 * Electronically provided signatures are accepted as original signatures.								