No. W 58174		Due no later than Jan 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIM S OL	TIM S OLSON 152 SOUTH SILVERWOOD WAY EAGLE ID 83616 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KESTREL GROVE PROPERTY LLC TIM S OLSON 152 SOUTH SILVERWOOD WAY EAGLE ID 83616		EAGLE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	panies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DAVID WALDRO		DRON	61945 FALL CREEK LOOP	BEND	OR		97702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: T	im S. Olson		Date: 11/15/2015			
W 58174		Name (type o	or print): Tim S. Olson		Title: Member			
Processed 11/15/2015 * Electronically provided signatures are accepted as original signatures.								