No. <b>W 5573</b>		Due no later than Feb 28, 2017 Annual Report Form		2.	2. Registered Agent and Address (NO PO BOX)  TAMLA RENCHER 836 N SKYLINE DR IDAHO FALLS ID 83402  3. New Registered Agent Signature:*				
Return to:									
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  RENCHER/AMERICAN MANOR, LLC TAMLA RENCHER PO BOX 50983		<b>d.</b>					
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83405 USA		3.					
4. Limited Liability Compani	ies: Enter Nar	nes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code	
MANAGER	TAMLA RENO		836 N SKYLINE DR	I	DAHO FALLS	ID		83402	
MEMBER	TAMLA RENCHER FAMILY LIMITED PARTNERSHIP		PO BOX 50983	I	DAHO FALLS	ID	USA	83405	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 5573		Signature: tamla rencher			Date: 12/31/2016				
		Name (type or print): tamla rencher			Title: manager				
Processed 12/31/2016	rocessed 12/31/2016 * Electronically provided signatures are accepted as original signatures.								