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| No. W 128461 | Due no later than Aug 31, 2016 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. DREAMVIEW, LLC ALLISON HAGMAN 799 HAGMAN ROAD NORDMAN ID 83848 | | ALLISON A HAGMAN 799 HAGMAN ROAD NORDMAN ID 83848 | | | | |
| 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 MEMBER | Name ALLISON HAGMAN | Street or PO Address 799 HAGMAN ROAD | City NORDMAN | State ID | Country USA | Postal Code 83848 | |
| 5. Organized Under the Laws of: ID W 128461 | 6. Annual Report must be signed.* Signature: Allison Hagman Name (type or print): Allison Hagman | | | | | | Date: 07/05/2016 Title: Member |
| Processed 07/05/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | |