




No. W 54471	Due no later than Sep 30, 201 ⁶ Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ORAN AUSTIN 368 W 170 N #A BLACKFOOT ID 83221
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CSK PROPERTIES, LLC ORAN AUSTIN 368 W 170 N #A BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Oran Austin	368 W 170 N #A	Blackfoot	ID	USA	83221
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 54471 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8-31-16</u> </td> </tr> <tr> <td> Name (type or print): <u>Oran Austin</u> </td> <td> Title: <u>member</u> </td> </tr> </table>	Signature: 	Date: <u>8-31-16</u>	Name (type or print): <u>Oran Austin</u>	Title: <u>member</u>
Signature: 	Date: <u>8-31-16</u>				
Name (type or print): <u>Oran Austin</u>	Title: <u>member</u>				