No. W 9655		Due no later than Sep 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. SKYLINE APARTMENTS LLC FRANCES RICE 6810 E VAL VERDE ST AMMON ID 83401 USA mes and Addresses of at least one Member or Manager.		2. Registered	2. Registered Agent and Address (NO PO BOX) FRANCES RICE 6810 E VAL VERDE ST AMMON ID 83401 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				6810 E VAL AMMON ID				
Office Held	Name	nes and Address	Street or PO Address	City	State	Country	Postal Code	
MANAGER MEMBER	ROCK ARTH FRANCES T		6810 E VAL VERDE 6810 E VAL VERDE	AMMON AMMON	ID ID	USA USA	83401 83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 9655		Signature: Rock Rice			Date: 08/19/2015			
		Name (type or print): Rock Rice			Title: Manager			
Processed 08/19/2015		* Electronically	provided signatures are accepted as original	al signatures.				