No. W 42510	Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RUSTIC ACRES MHC, LLC BRIAN L FITTERER 18006 SKY PARK CIRCLE SUITE 200		BOISE ID 63703			
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF	IRVINE CA 92614					
RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Stre	eet or PO Address	City	State	Country	Postal Code
MANAGER BRIAN L	VAGER BRIAN L FITTERER 45		NEWPORT BEACH CA 92660		92660	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		ned.*				
Signature: Heather DeFrancesco		ncesco	Date: 07/25/2017			
W 42510	Name (type or print): Heather DeFrancesco		Title: Admin			
Processed 07/25/2017	* Electronically provided signatures are accepted as original signatures.					