No. W 32452		Due no later than Aug 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)										
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NEW HAVEN ESTATES, LLC TED L. REA 4142 SHOSHONE FALLS GRADE Twin Falls TWIN FALLS ID 83301 USA		TED L REA 4142 SHOSHONE FALLS GRADE TWIN FALLS 83301 3. New Registered Agent Signature:*											
								4. Limited Liability Comp	oanies: Enter Nai	mes and Addresse	es of at least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER	TED L REA DOROTHY B	REA	4142 SHOSHONE FALLS GRADE 4142 SHOSHONE FALLS GRADE	TWIN FALLS TWIN FALLS	ID ID		83301 83301								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID W 32452		Signature: dorothy rea		Date: 10/13/2014											
		Name (type or print): dorothy rea		Title: member											
Processed 10/13/2014		* Electronically p	rovided signatures are accepted as original s	ignatures.											