


No. <b>W 16823</b>	<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DONALD S KLINE 5253 COUGAR ESTATES RD COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> GOODFELLOW, LLC PO BOX 566 COEUR D ALENE ID 83816		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Donald S. Kline	5253 Cougar Estates Rd	Coeur d'Alene	Id	USA	83814
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Leslie A. Kline	"	"	"	"	"
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-weight: bold;">IDAHO W 16823</div>	6. Signature:  <hr/> Name (type or print): Donald S. Kline	Date: 8/21/15  Title: Managing Member
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM