

|                                                                                                                                                        |                |                                                                                                                                                              |        |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 87654</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2017</b>                                                                                                                        |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>GMW LAKESHORE PROPERTIES, LLC<br>WILLIAM F WHITESEL<br>2006 CARMEN CT<br>SANDPOINT ID 83864 |        | WILLIAM F WHITESEL<br>2006 CARMEN CT<br>SANDPOINT ID 83864 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                              |        | 3. <u>New</u> Registered Agent Signature:*                 |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                |                                                                                                                                                              |        |                                                            |         |                  |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                         | City   | State                                                      | Country | Postal Code      |  |
| MANAGER                                                                                                                                                | JULIE W WESTON | 105 HOPI DRIVE                                                                                                                                               | HAILEY | ID                                                         | USA     | 83333            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                            |        |                                                            |         |                  |  |
| <b>ID<br/>W 87654</b>                                                                                                                                  |                | Signature: Julie W Weston                                                                                                                                    |        |                                                            |         | Date: 08/30/2017 |  |
|                                                                                                                                                        |                | Name (type or print): Julie W Weston                                                                                                                         |        |                                                            |         | Title: Manager   |  |
| Processed 08/30/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                    |        |                                                            |         |                  |  |