No. <b>W 502</b>	De	ue no later than Aug 31, 2015	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BOB KNUDSEN 98 FORT HALL AVE. AMERICAN FALLS ID 83211			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  CREST HILL ESTATES, L.L.C.  BOB KNUDSEN, JR  2595 HWY 39, #1 POOR FARM LN  AMERICAN FALLS ID 83211					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BOB KNUDSE						
	AMERICAN FA			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JOE H	RAINWATER	7588 PORTNEUF RD	<b>POCATELLO</b>	ID		83204	
MANAGER L DON	HAMMOND	2850 S BANNOCK HWY #14	POCATELLO	ID		83204	
5. Organized Under the Laws of: 6. Annu		Annual Report must be signed.*					
ID Signature: Bob		ob Knudsen	nudsen Date: 08/24/2015				
W 502	Name (type o	Name (type or print): Bob Knudsen		Title: Owner			
Processed 08/24/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					