No. W 9655		Due no later than Sep 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SKYLINE APARTMENTS LLC FRANCES RICE 2245 SOUTH 45 TH EAST AMMON ID 83406		2245 SOUTI AMMON ID	FRANCES RICE 2245 SOUTH 45 TH EAST AMMON ID 83406 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar								
	Name	nes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROCK ARTH FRANCES T		2245 SOUTH 45 TH EAST 2245 SOUTH 45TH EAST	AMMON AMMON	ID ID	USA USA	83406 83406	
5. Organized Under the Laws of: ID W 9655		6. Annual Report must be signed.* Signature: Frances Rice Name (type or print): Frances Rice		Date: 08/20/2018 Title: Manager				
Processed 08/20/2018	* Electronically provided signatures are accepted as original signatures.							