

No. W 73031		Due no later than Apr 30, 2015		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. LAKEVIEW, LLC FOSTER W CLINE JR 500 LAKEVIEW LANE SANDPOINT ID 83864-1159		FOSTER W CLINE JR 500 LAKEVIEW LANE SANDPOINT 83864-1159	
				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	FOSTER W CLINE JR	500 LAKEVIEW LANE	SANDPOINT	ID	83864-1159
5. Organized Under the Laws of: ID W 73031		6. Annual Report must be signed.* Signature: Foster Cline Name (type or print): Foster Cline Date: 02/22/2015 Title: Manager			
Processed 02/22/2015		* Electronically provided signatures are accepted as original signatures.			