

No. W 95320		Due no later than Aug 31, 2015		Annual Report Form		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		1. Mailing Address: Correct in this box if needed. CAMBRIDGE HOUSE ADVENTURES, LLC SHEILA D MARCHBANKS PO BOX 83 CAMBRIDGE ID 83610		SHEILA MARCHBANKS 95 S 1ST ST CAMBRIDGE ID 83610		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	
MEMBER	SHEILA D MARCHBANKS	95 S 1ST ST	CAMBRIDGE	ID	USA	83610	
5. Organized Under the Laws of: ID W 95320		6. Annual Report must be signed.* Signature: Sheila D Marchbanks Name (type or print): Sheila D Marchbanks		Date: 08/02/2015 Title: member			
Processed 08/02/2015		* Electronically provided signatures are accepted as original signatures.					