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|--|-------------------|---|---------|--|---------|------------------|--|
| No. W 145569 | | Due no later than Dec 31, 2017 | | 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. DK CHAPMAN 1 CREEKSIDE ESTATES, LLC DANIEL S CHAPMAN PO BOX 1026 OROFINO ID 83544 | | DANIEL S CHAPMAN 3 BLUE MOON LANE OROFINO ID 83544 | | | |
| | | | | 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 | KAREN LEE CHAPMAN | 3 BLUE MOON LN. PO BOX 1026 | OROFINO | ID | USA | 83544 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 145569 | | Signature: Karen L Chapman | | | | Date: 11/07/2017 | |
| | | Name (type or print): Karen L Chapman | | | | Title: Secretary | |
| Processed 11/07/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |