

No. <b>W 145569</b>		<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KAREN LEE CHAPMAN	Street or PO Address 3 BLUE MOON LN. PO BOX 1026		City OROFINO	State ID	Country USA	Postal Code 83544
5. Organized Under the Laws of:  <b>ID</b> <b>W 145569</b>		6. Annual Report must be signed.*  Signature: Karen L Chapman Name (type or print): Karen L Chapman  Date: 11/07/2017 Title: Secretary					
Processed 11/07/2017 * Electronically provided signatures are accepted as original signatures.							