

No. <b>W 141408</b>		<b>Due no later than Aug 31, 2016</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>  LINDEN PARK GARDENS #1 LLC DAVID LAWRENCE PO BOX 3915 IDAHO FALLS ID 83403		DAVID LAWRENCE 5845 INDIAN WELLS IDAHO FALLS ID 83401			
<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 MEMBER	Name DAVID W. LAWRENCE	Street or PO Address 5845 INDIAN WELLS		City IDAHO FALLS	State ID	Country USA	Postal Code 83403-3915
5. Organized Under the Laws of:  <b>ID</b> <b>W 141408</b>		6. Annual Report must be signed.*  Signature: David Lawrence Name (type or print): David Lawrence  Date: 07/03/2016 Title: Member					
Processed 07/03/2016 * Electronically provided signatures are accepted as original signatures.							