ADDRESS OF THE PROPERTY OF THE		later than Aug 31, 2015	2. Registered Agent and Address (NO PO BOX)				
Return to:	Ann	Annual Report Form  1. Mailing Address: Correct in this box if needed.  PARKVIEW LLC  ADAM METZGER  PO BOX 2380  POST FALLS ID 83877		ADAM METZGER  1280 S SIGNAL POINT RD POST FALLS ID 83854  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PARKVIEW LLC ADAM METZGER PO BOX 2380						
NO FILING FEE IF RECEIVED BY DUE DATE	TOOTT/NEED ED GOO//						
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 ADAM METZGER		1280 S. SIGNAL POINT RD. P.O. BOX 2380	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID Signature: ADAM METZGER		ETZGER	Date: 06/23/2015				
W 116485 Name (type or pri		t): ADAM METZGER Title: MANAGER					
Processed 06/23/2015	* Electronically provided signatures are accepted as original signatures.						