No. **W 84542**	**Due no later than Jun 30, 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.** SANDLT PROPERTIES, LLC SHAUN CHRISTENSEN 155 S. MIDLAND BLVD. NAMPA ID 83686	JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301 3. New 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	SHAUN CHRISTENSEN	PO BOX 1293	TWIN FALLS	ID	USA	83303
MEMBER	DAVID M CHRISTENSEN	2620 FALLS AVE. E.	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 84542**	Signature: Shaun Christensen	Date: 04/21/2015
	Name (type or print): Shaun Christensen	Title: Manager

Processed 04/21/2015

* Electronically provided signatures are accepted as original signatures.