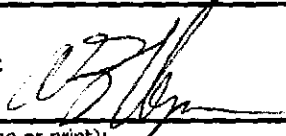


No. <b>W 150465</b>	<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WEST LINN, LLC ANDREW HYMAN 6051 NORTH CAPE ARAGO PLACE GARDEN CITY ID 83714		ANDREW HYMAN 6051 NORTH CAPE ARAGO PLACE GARDEN CITY ID 83714-8371
		3. <u>New</u> Registered Agent Signature.	
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Andrew Hyman	6051 N. Cape Arago Pl	Garden City, ID 83714
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Piper Hyman	6051 N. Cape Arago Pl,	Garden City, ID 83714
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 150465</b>	6. Signature:  Date: <u>5-22-2017</u> Name (type or print): <u>ANDREW B HYMAN</u> Title: <u>Manager</u>		
Issued 05/22/2017 by online		108698	

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**