

|  |                |  |           |   |         |                  |  |
|--|----------------|--|-----------|---|---------|------------------|--|
| No. <b>W 73031</b>   |                | <b>Due no later than Apr 30, 2018</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>LAKEVIEW, LLC<br>FOSTER W CLINE JR<br>500 LAKEVIEW LANE<br>SANDPOINT ID 83864-1159<br>USA |           | FOSTER W CLINE JR<br>500 LAKEVIEW LANE<br>SANDPOINT ID 83864-8386 |         |                  |  |
|  |                |  |           | 3. <u>New</u> 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  | FOSTER W CLINE | 500 LAKEVIEW LANE  | SANDPOINT | ID  | USA     | 83864-1159       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |           |   |         |                  |  |
| <b>ID<br/>W 73031</b>  |                | Signature: Foster Cline  |           |   |         | Date: 02/25/2018 |  |
|  |                | Name (type or print): Foster Cline   |           |   |         | Title: Manager   |  |
| Processed 02/25/2018   |                | * Electronically provided signatures are accepted as original signatures.  |           |   |         |                  |  |