

No. W 90569	Due no later than Feb 28, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID MARSHALL 6925 E MULLAN TRAIL RD COEUR D ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MARSHALL MANOR LLC DAVID MARSHALL 6925 E MULLAN TRAIL RD COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6" style="padding: 5px; vertical-align: top;"> <i>DAVID Marshall 6925 E. MULLAN TRAIL Rd. COEUR D' ALENE ID. 83814</i> </td> </tr> <tr> <td style="padding: 5px;"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Manager <input type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6" style="padding: 5px;"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>DAVID Marshall 6925 E. MULLAN TRAIL Rd. COEUR D' ALENE ID. 83814</i>						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 90569 </div>	6. Signature: <i>David Marshall</i>			Date: <i>1-28-15</i>																																		
Name (type or print): <i>DAVID Marshall</i>		Title: <i>OWNER</i>																																				
Issued 01/08/2015 by TLB																																						
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