No. W 102494		Due no later than Apr 30, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			GARY E FREEMAN 810 SO TWIN PINE DR PINE ID 83647 3. New Registered Agent Signature:*			
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. FREEMAN FAMILY RETREATS, LLC GARY E FREEMAN 810 SO TWIN PINE DR PINE ID 83647		PINE ID 8				
4. Limited Liability Compar	nies: Enter Na	mes and Addres	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	GARY E FREEMAN DENISE H FREEMAN		810 S TWIN PINE DR 810 SO TWIN PINE DR	PINE PINE	ID ID	USA USA	83647 83647	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 102494		Signature: Gary E. Freeman			Date: 02/29/2016			
		Name (type	or print): Gary E. Freeman		Title: Member			
Processed 02/29/2016		* Electronically	provided signatures are accepted as original	al signatures.				