




No. <b>W 116914</b>	<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARY L FLOCH 714 W CHESTNUT GENESSEE ID 83832-0604				
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> FOUR CORNERS PLACE, LLC WAYNE HEITSTUMAN 10542 MONTGOMERY RIDGE RD ANATONE WA 99401		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> WAYNE HEITSTUMAN      10542 MONTGOMERY RIDGE RD              ANATONE, WA      99401							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 116914           </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:  <u>Aug-15-2014</u> </td> </tr> <tr> <td>           Name (type or print):  <u>Wayne Heitstuman</u> </td> <td>           Title:  <u>Manager</u> </td> </tr> </table>		Signature: 	Date: <u>Aug-15-2014</u>	Name (type or print): <u>Wayne Heitstuman</u>	Title: <u>Manager</u>
Signature: 	Date: <u>Aug-15-2014</u>						
Name (type or print): <u>Wayne Heitstuman</u>	Title: <u>Manager</u>						
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