

No. W 165212	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) FONDA L JOVICK 50 MAIN ST STE 203 PRIEST RIVER ID 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SCHREIBER COVE, LLC 28719 GRAYFOX ST MALIBU CA 90265-4250		3. <u>New</u> Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE			

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"/>	Richard R. Schreiber	28719 Grayfox,	Malibu,	CA,	USA	90265
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Barbara M Schreiber	28719 Grayfox,	Malibu,	CA,	USA	90265
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;">IDAHO W 165212</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Richard R. Schreiber</u> </td> <td style="width: 40%;"> Date: <u>4-3-17</u> </td> </tr> <tr> <td> Name (type or print): <u>Richard R. Schreiber</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Richard R. Schreiber</u>	Date: <u>4-3-17</u>	Name (type or print): <u>Richard R. Schreiber</u>	Title: <u>Manager</u>
Signature: <u>Richard R. Schreiber</u>	Date: <u>4-3-17</u>				
Name (type or print): <u>Richard R. Schreiber</u>	Title: <u>Manager</u>				

Issued 02/22/2017 by SLD
103547