| No. W 16786 | | Due no later than Oct 31, 2017 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------|---|-------------------------------------|-------------|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | TAMLA RENCHER 836 N SKYLINE DR IDAHO FALLS ID 83402 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. RENCHER/ARCADIA APARTMENTS, L.L.C. TAMLA RENCHER PO BOX 50983 IDAHO FALLS ID 83405 | | d. | | | | |
| | | | | 3 | | | | |
| | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresses of at | least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | TAMLA REN | CHER | 836 N SKYLINE DR | | IDAHO FALLS | ID | | 83402 |
| MEMBER | TAMLA RENO PARTNERSHI | CHER FAMILY LIMITED IP | PO 50983 | | IDAHO FALLS | ID | USA | 83405 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 16786 | | Signature: tamla rencher | | | Date: 08/29/2017 | | | |
| | | Name (type or print): tamla rencher | | | Title: manager | | | |
| Processed 08/29/2017 | | * Electronically provided | signatures are accepted as original | inal signat | ures. | | | |