

No. W 17566		Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HFM CASTLE VIEW, LLC MIKE IHLI 625 S. SCHOOL AVE. KUNA ID 83634		MICHAEL B IHLI 625 S. SCHOOL AVE. KUNA 83634			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHAEL B IHLI	Street or PO Address 625 S. SCHOOL AVE.		City KUNA	State ID	Country USA	Postal Code 83634
5. Organized Under the Laws of: ID W 17566		6. Annual Report must be signed.* Signature: Michael B. Ihli Name (type or print): Michael B. Ihli Date: 11/03/2014 Title: Manager					
Processed 11/03/2014 * Electronically provided signatures are accepted as original signatures.							