TOTAL AND		ie no later than Sep 30, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MIKE CONNOLLY				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.			350 N IDAHLINE RD POST FALLS ID 83854-7421			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MIKE CONNO	SUNTREE RV PARK LLC MIKE CONNOLLY 350 N IDAHLINE RD POST FALLS ID 83854-7421 USA		7031 TALLS 1D 03037-7421				
	POST FALLS			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
4. Limited Liability Companies: En	ter Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	ELLA L CONNOLLY	350 N IDAHLINE RD	POST FALLS	ID	USA	83854-7421		
MEMBER CHRIS	TA A CONNOLLY	2201 N CRAIG RD OFC	SPOKANE	WA	USA	99224		
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*						
ID	Signature: Mi	Signature: Mike Connolly		Date: 07/29/2018				
W 9846	Name (type o	Name (type or print): Mike Connolly		Title: Registered Agent				
Processed 07/29/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.						