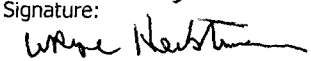
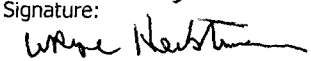
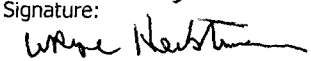


No. W 116914	Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARY L FLOCH 714 W CHESTNUT GENESSEE ID 83832-0604
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 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 Rd.	Anatone	WA	US	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; margin-top: 20px;"> IDAHO W 116914 </div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: Aug 20 - 2016 </td> </tr> <tr> <td> Name (type or print): Wayne Heitstuman </td> <td> Title: manager </td> </tr> </table>	Signature: 	Date: Aug 20 - 2016	Name (type or print): Wayne Heitstuman	Title: manager
Signature: 	Date: Aug 20 - 2016				
Name (type or print): Wayne Heitstuman	Title: manager				

Issued 06/22/2016 by SLD

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