

No. W 33510	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JEFFERY J CRANDALL 8596 N WAYNE DR STE A HAYDEN ID 83835
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. ZIMMER FAMILY PROPERTIES, L.L.C. COLLEEN L PETERSON W 315 JOSEPH AVE SPOKANE WA 99205		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"/>	COLLEEN L. PETERSON	W. 315 JOSEPH AVE.	SPOKANE	WA	USA	99205
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	RAY G. ZIMMER	W. 472 HERITAGE DR.	BOUNTIFUL	UT	USA	84010
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 33510</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Colleen L. Peterson</u> </td> <td style="width: 40%;"> Date: <u>10-28-17</u> </td> </tr> <tr> <td> Name (type or print): <u>COLLEEN L. PETERSON</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>	Signature: <u>Colleen L. Peterson</u>	Date: <u>10-28-17</u>	Name (type or print): <u>COLLEEN L. PETERSON</u>	Title: <u>MANAGER</u>
Signature: <u>Colleen L. Peterson</u>	Date: <u>10-28-17</u>				
Name (type or print): <u>COLLEEN L. PETERSON</u>	Title: <u>MANAGER</u>				

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