No. W 35402		Due no later than Dec 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PACIFIC SINGLE FAMILY, LLC CALEB ROOPE 430 E STATE ST STE 100 EAGLE ID 83616	CALEB ROOPE 430 E STATE ST STE 100 EAGLE 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CALEB ROOP	E 13 12TH AVE SOUTH	NAMPA	ID		83651
5. Organized Under the Laws of: ID W 35402		6. Annual Report must be signed.* Signature: Caleb Roope Name (type or print): Caleb Roope	Date: 10/14/2014 Title: Manager			
Processed 10/14/2014 * Electronically provided signatures are accepted as original signatures.						