

No. <b>W 35343</b>	Due no later than Dec 31, 2017 <b>Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LOGGER'S CREEK TERRACE, LLC JANE EVANS 1124 SANTA MARIA DR BOISE ID 83712	DOUGLAS W TAMURA 1124 SANTA MARIA DR BOISE ID 83712  3. <u>New</u> Registered Agent Signature.																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																									
<table border="0"> <tr> <td><b>Manager or Member</b></td> <td><b>Name</b></td> <td><b>Street or PO Address</b></td> <td><b>City</b></td> <td><b>State</b></td> <td><b>Country</b></td> <td><b>Postal Code</b></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DOUG TAMURA</td> <td>732 SANTA PAULA R</td> <td>BOISE, ID</td> <td>IDA</td> <td></td> <td>83712</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal Code</b>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DOUG TAMURA	732 SANTA PAULA R	BOISE, ID	IDA		83712	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>												
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5. Organized Under the Laws of:  <b>IDAHO W 35343</b>	6. Signature:  Name (type or print): <u>DOUG TAMURA</u>		Date: <u>2/23/18</u> Title: <u>MEMBER</u>																																						
Issued 02/23/2018 by TLB			119645																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**