

No. <b>W 59023</b>		<b>Due no later than Feb 28, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  WEST COAST ESTATES, LLC NANCY L. CHESTER PO BOX 759 CHALLIS ID 83226-0759		NANCY L. CHESTER 16005 HWY 93 CHALLIS 83226			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CHESTER FAMILY TRUST	Street or PO Address PO BOX 759		City CHALLIS	State ID	Country	Postal Code 83226
5. Organized Under the Laws of:  <b>ID</b> <b>W 59023</b>		6. Annual Report must be signed.*  Signature: Nancy Chester Name (type or print): Nancy Chester  Date: 01/20/2015 Title: Office Manager					
Processed 01/20/2015 * Electronically provided signatures are accepted as original signatures.							