

No. W 62010	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543
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. WINCHESTER PROPERTIES LLC WAYNE E HUMPHREY 110 CLOVER CREST DR CLOVERDALE CA 95425 USA		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	LORRAINE HUMPHREY	110 CLOVER CREST	CLOVERDALE	CA.		95425
Manager <input type="checkbox"/> Member <input type="checkbox"/>		CLOVERDALE, CA.				
Manager <input type="checkbox"/> Member <input type="checkbox"/>		95425				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 62010 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Lorraine Humphrey</u> Name (type or print): <u>LORRAINE HUMPHREY</u> </td> <td style="width: 40%;"> Date: <u>2/28/17</u> Title: _____ </td> </tr> </table>	Signature: <u>Lorraine Humphrey</u> Name (type or print): <u>LORRAINE HUMPHREY</u>	Date: <u>2/28/17</u> Title: _____
Signature: <u>Lorraine Humphrey</u> Name (type or print): <u>LORRAINE HUMPHREY</u>	Date: <u>2/28/17</u> Title: _____		

Issued 02/23/2017 by TLB

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM