

No. <b>W 32452</b>		<b>Due no later than Aug 31, 2016</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>  NEW HAVEN ESTATES, LLC TED L. REA 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301		TED L. REA 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	TED L. REA	4142 SHOSHONE FALLS GRADE	TWIN FALLS	ID	83301		
MEMBER	DOROTHY B. REA	4142 SHOSHONE FALLS GRADE	TWIN FALLS	ID	83301		
5. Organized Under the Laws of:  <b>ID</b> <b>W 32452</b>		6. Annual Report must be signed.*  Signature: Dorothy Rea Name (type or print): Dorothy Rea  Date: 07/09/2016 Title: Member					
Processed 07/09/2016 * Electronically provided signatures are accepted as original signatures.							