No. <b>W 4690</b>		Due no later than Sep 30, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RANDALL & DANSKIN, P.S.				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.			C/O KEITH D BROWN 2160 FOREST GLEN BLVD			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CAPE HORN PROPERTIES, L.L.C. LUCILLE N SQUIRE PO BOX 859			POST FALLS ID 83854				
	BAYVIEW ID	BAYVIEW ID 83803		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER LUCILLE 1	I SQUIRE	PO BOX 859	BAYVIEW	ID	USA	83803		
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID	Signature: Lucille N Squire			Date: 07/29/2015				
W 4690	Name (type o	Name (type or print): Lucille N Squire		Title: Owner				
Processed 07/29/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.						