No. <b>W 1368</b>		Due no later than Jul 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			NORM LANCASTER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  DESERT MOUNTAIN, L.L.C.  NORMAN LANCASTER  2524 EAST 3719 NORTH  TWIN FALLS ID 83301		TWIN FALLS	2524 EAST 3719 NORTH TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	NORMAN LA	NCASTER	2524 E 3719 N	TWIN FALLS	ID		83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: NO		Date: 05/23/2016				
W 1368		Name (type or		Title: OWNER				
Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures.								