No. W 81220	Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		CHRISTOPHER R MACKLIN				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. BACKWOODS VIEWS, LLC CHRISTOPHER R MACKLIN 2311 N STAGECOACH DR			2311 N. STAGECOACH DR. POST FALLS ID 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			POST FALLS				
	POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
MANAGER CHRISTOPHER R MACKLIN 203 W 11TH AVE		POST FALLS	ID	USA	83854		
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Christopher R Macklin			Date: 01/26/2016			
W 81220	Name (type or print): Christopher R Macklin Title: Manager						
Processed 01/26/2016	* Electronically provided signatures are accepted as original signatures.						