

No. W 40135		Due no later than Jun 30, 2017		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO ALZHEIMER'S PROPERTIES LLC CHRISTI MARSHALL 3640 S. YELLOWSTONE HWY. IDAHO FALLS ID 83402		BALL MANAGEMENT LLC 3640 S. YELLOWSTONE HWY. IDAHO FALLS ID 83402			
				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	
MANAGER	CHRISTI MARSHALL	3640 S. YELLOWSTONE HWY.	IDAHO FALLS	ID		83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 40135		Signature: Christi Marshall				Date: 05/01/2017	
		Name (type or print): Christi Marshall				Title: Secretary	
Processed 05/01/2017		* Electronically provided signatures are accepted as original signatures.					