No. W 17566 Return to:		Due no later than Dec 31, 2013 Annual Report Form			2. Registered Agent and Address (NO PO BOX) MICHAEL B IHLI			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HFM CASTLE VIEW, LLC MIKE IHLI 625 S. SCHOOL AVE. KUNA ID 83634			625 S. SCHOOL AVE. KUNA ID 83634 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	Ci	ty	State	Country	Postal Code
MANAGER	MICHAEL B	IHLI	625 S. SCHOOL AVE.	KL	JNA	ID	USA	83634
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 17566		Signature: Michael B. Ihli			Date: 12/02/2013			
		Name (type or print): Michael B. Ihli			Title: Manager			
Processed 12/02/2013 * Electronically provided signatures are accepted as original signatures.								