No. <b>W 14479</b>		Due no later than Feb 29, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT MCCARTY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LAKEVIEW KAREN MC PO BOX 12	1. Mailing Address: Correct in this box if needed.  LAKEVIEW ENTERPRISES, LLC  KAREN MCCARTY  PO BOX 1229  MCCALL ID 83638		500 HILL LN MCCALL ID 83638  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	MCCALL II						
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	
	MCCARTY MCCARTY	PO BOX 1445 PO BOX 1445	MCCALL MCCALL	ID ID		83638 83638	
5. Organized Under the Laws of: 6. Annu		5. Annual Report must be signed.*					
ID	Signature:	Signature: Karen McCarty Date: 01/02/2016					
W 14479	Name (typ	Name (type or print): Karen McCarty		Title: Manager			
Processed 01/02/2016	* Electronicall	* Electronically provided signatures are accepted as original signatures.					