

No. W 36439		Due no later than Feb 29, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. STEAMBOAT CLIFFS, LLC TIM A JOHNSON 511 PINE ST WALLACE ID 83873		JOHN F MAGNUSON 1250 NORTHWOOD CTR CT STE A COEUR D'ALENE ID 83815	
				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	TIM A JOHNSON	511 PINE ST.	WALLACE	ID	83873
MANAGER	DONNA G WESTMORELAND	511 PINE ST	WALLACE	ID	83873
5. Organized Under the Laws of: ID W 36439		6. Annual Report must be signed.* Signature: Tim A Johnson Name (type or print): Tim A Johnson Date: 01/14/2016 Title: Managing Member			
Processed 01/14/2016		* Electronically provided signatures are accepted as original signatures.			