No. **W 85836**	**Due no later than Jul 31, 2015** **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.** TIMBERLINE PLACE, LLC MICHAEL J SWOPE 2244 S SWALLOWTAIL BOISE ID 83706	MICHAEL J SWOPE 2244 S SWALLOWTAIL BOISE ID 83706 3. New 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	MICHAEL J SWOPE	2244 SWALLOWTAIL	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 85836**	Signature: Michael J Swope	Date: 05/29/2015
	Name (type or print): Michael J Swope	Title: Manager

Processed 05/29/2015

* Electronically provided signatures are accepted as original signatures.