

No. <b>W 165212</b>	<b>Due no later than Apr 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> FONDA L JOVICK 50 MAIN ST STE 203 PRIEST RIVER ID 83856								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SCHREIBER COVE, LLC 28719 GRAYFOX ST MALIBU CA 90265-4250		3. <u>New</u> Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.											
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code											
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Richard R. Schreiber, 28719 Grayfox St., Malibu CA U.S.A. 90265											
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Barbara M. Schreiber, 28719 Gray Fox St., Malibu CA U.S.A. 90265											
Manager <input type="checkbox"/> Member <input type="checkbox"/>											
Manager <input type="checkbox"/> Member <input type="checkbox"/>											
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 165212           </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature:</td> <td style="width: 40%;">Date:</td> </tr> <tr> <td><u>Richard R. Schreiber</u></td> <td><u>3-10-18</u></td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td><u>Richard R. Schreiber</u></td> <td><u>Manager</u></td> </tr> </table>		Signature:	Date:	<u>Richard R. Schreiber</u>	<u>3-10-18</u>	Name (type or print):	Title:	<u>Richard R. Schreiber</u>	<u>Manager</u>
Signature:	Date:										
<u>Richard R. Schreiber</u>	<u>3-10-18</u>										
Name (type or print):	Title:										
<u>Richard R. Schreiber</u>	<u>Manager</u>										
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