

No. W 21577	Due no later than Nov 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL S BIRKHIMER 1410 NORTHSORE DR SANDPOINT ID 83864																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SANDCREEK LLC ONWARD L BIRKHIMER 1410 NORTHSORE DR SANDPOINT ID 83864		3. New Registered Agent Signature.																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ONWARD L BIRKHIMER</td> <td>1410 NORTHSORE DR SANDPOINT ID 83864</td> <td></td> <td></td> <td>BONNER</td> <td>IP</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ANN A BIRKHIMER</td> <td>1410 NORTHSORE DR</td> <td>BONNER</td> <td>IP</td> <td></td> <td>83864</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ONWARD L BIRKHIMER	1410 NORTHSORE DR SANDPOINT ID 83864			BONNER	IP	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ANN A BIRKHIMER	1410 NORTHSORE DR	BONNER	IP		83864	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 21577	<p>6.</p> <p>Signature: <u>Onward L Birkhimer</u></p> <p>Name (type or print): <u>Onward L. BIRKHIMER</u></p> <p>Date: <u>10-27-14</u></p> <p>Title: <u>OWNER</u></p>																																					