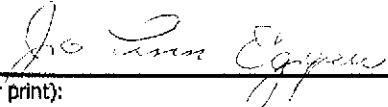
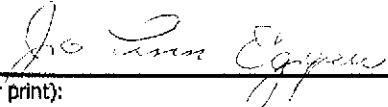
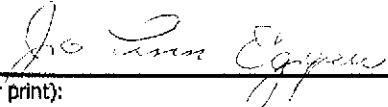


| No. W 48323 | Due no later than Mar 31, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) AHRENS & DEANGELI PLLC 101 S CAPITOL BLVD #300 BOISE ID 83702 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|-----------------------|--|------------------|-------|---------|-------------|---|---------------|--------------------|----------|----|-----|-------|---|---------------|-------------------|----------|----|-----|-------|---|----------------|-----------------------|--------|----|-----|-------|---|---------------|----------------------|---------|----------|----|-------|
| 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. CHESTER PROPERTIES, LLC PO BOX 7928 BOISE ID 83707 | | 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jo Ann Eggers</td> <td>1884 Hendricks Ct.</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Drew F Eggers</td> <td>2256 N Waggle Pl.</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lance D Eggers</td> <td>27207 S Brookerson RD</td> <td>Wilcox</td> <td>AZ</td> <td>USA</td> <td>85643</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Todd A Eggers</td> <td>2545 E Blue Tick St.</td> <td>Apt 102</td> <td>Meridian</td> <td>ID</td> <td>83642</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"/> | Jo Ann Eggers | 1884 Hendricks Ct. | Meridian | ID | USA | 83642 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Drew F Eggers | 2256 N Waggle Pl. | Meridian | ID | USA | 83642 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Lance D Eggers | 27207 S Brookerson RD | Wilcox | AZ | USA | 85643 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Todd A Eggers | 2545 E Blue Tick St. | Apt 102 | Meridian | ID | 83642 |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jo Ann Eggers | 1884 Hendricks Ct. | Meridian | ID | USA | 83642 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Todd A Eggers | 2545 E Blue Tick St. | Apt 102 | Meridian | ID | 83642 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 48323 </div> | | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>2-1-2017</u> </td> </tr> <tr> <td> Name (type or print): Jo Ann Eggers </td> <td> Title: Member </td> </tr> </table> | | Signature:  | Date: <u>2-1-2017</u> | Name (type or print): Jo Ann Eggers | Title: Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  | Date: <u>2-1-2017</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): Jo Ann Eggers | Title: Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 01/20/2017 by DK1 | | 103836 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |