

No. W 73031		Due no later than Apr 30, 2014 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		1. Mailing Address: Correct in this box if needed. LAKEVIEW, LLC FOSTER W CLINE 374 SUNNYSIDE UP SANDPOINT ID 83864-9481		FOSTER W CLINE JR 374 SUNNYSIDE UP SANDPOINT ID 83864-9481 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name FOSTER W CLINE JR	Street or PO Address 374 SUNNYSIDE UP		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of: ID W 73031		6. Annual Report must be signed.* Signature: Foster Cline Name (type or print): Foster Cline Date: 02/25/2014 Title: President					
Processed 02/25/2014 * Electronically provided signatures are accepted as original signatures.							