




No. W 33510	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JEFFERY J CRANDALL 8596 N WAYNE DR STE A HAYDEN ID 83835
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. ZIMMER FAMILY PROPERTIES, L.L.C. COLLEEN L PETERSON W 315 JOSEPH AVE SPOKANE WA 99205		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"/>	COLLEEN PETERSON	W. 315 JOSEPH	SPOKANE, WA		USA	99205
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	RAY G. ZIMMER	W. 472 HERITAGE DR			USA	84010
Manager <input type="checkbox"/> Member <input type="checkbox"/>		BOUNTIFUL	UTAH			

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 33510 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 10-29-16 </td> </tr> <tr> <td> Name (type or print): COLLEEN L. PETERSON </td> <td> Title: MANAGER </td> </tr> </table>	Signature: 	Date: 10-29-16	Name (type or print): COLLEEN L. PETERSON	Title: MANAGER
Signature: 	Date: 10-29-16				
Name (type or print): COLLEEN L. PETERSON	Title: MANAGER				

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