No. <b>W 94959</b>		Due no later than Jul 31, 2015		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DREW W BEASLEY 4387 AMBER LN AMMON ID 83406-4640  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MOUNTAIN VIEW PERSPECTIVE, LLC  DREW W BEASLEY  4387 AMBER LN  AMMON ID 83406-4640						
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Com	panies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MANAGER	DREW W B	EASLEY	4387 AMBER LANE	А	MMON	ID	USA	83406-4640
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 94959		Signature: Drew W. Beasley			Date: 08/27/2015			
		Name (type or print): Drew W. Beasley			Title: Manager			
Processed 08/27/2015 * Electronically provided signatures are accepted as original signatures.								