No. **W 128843**	**Due no later than Sep 30, 2018** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** WEST WIND MOBILE HOME PARK LLC TIM GILLATT 2120 BLUE SPRUCE LN BOISE ID 83716	TIM GILLATT 2120 BLUE SPRUCE LN BOISE ID 83716 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	TIM GILLATT	2120 BLUE SPRUCE LN	BOISE	ID	USA	83716

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 128843**	Signature: Timothy Gillatt Name (type or print): Timothy Gillatt	Date: 08/29/2018 Title: Manager

Processed 08/29/2018

* Electronically provided signatures are accepted as original signatures.