No. W 35394		Due no later than Dec 31, 2011		2	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GAVIN'S RENTAL PROPERTIES, LLC KATHY M GAVIN 109 RAVEN VIEW SAGLE ID 83860			KATHLEEN M GAVIN 109 RAVENVIEW SAGLE ID 83860 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Companies:	Enter Nar	nes and Addresse	es of at least one Member or Manager.						
Office Held Na	me		Street or PO Address		City	State	Country	Postal Code	
MANAGER KA	THLEEN M	I GAVIN	109 RAVEN VIEW		SAGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 35394		Signature: Kathleen Gavin			Date: 01/11/2012				
		Name (type or print): Kathleen Gavin			Title: Manager				
Processed 01/11/2012		* Electronically provided signatures are accepted as original signatures.							