

No. <b>W 62010</b>	<b>Due no later than Apr 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DANIEL M JOHNSON 404 OAK ST NEZPERCE ID 83543																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WINCHESTER PROPERTIES LLC WAYNE E HUMPHREY 110 CLOVER CREST DR CLOVERDALE CA 95425 USA		3. <u>New</u> Registered Agent Signature.																																			
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>LORRAINE Humphrey</td> <td>110 clover crest dr.</td> <td>cloverdale, CA.</td> <td>USA.</td> <td></td> <td>95425</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>WAYNE ATKINSON</td> <td>3610 15th st. space # 35</td> <td>lewiston, Id.</td> <td>USA.</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LORRAINE Humphrey	110 clover crest dr.	cloverdale, CA.	USA.		95425	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	WAYNE ATKINSON	3610 15th st. space # 35	lewiston, Id.	USA.		83501	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 62010</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>Lorraine Humphrey</u> </td> <td style="width: 40%;">           Date: <u>2/25/14</u> </td> </tr> <tr> <td>           Name (type or print): <u>LORRAINE Humphrey</u> </td> <td>           Title: <u>manager</u> </td> </tr> </table>		Signature: <u>Lorraine Humphrey</u>	Date: <u>2/25/14</u>	Name (type or print): <u>LORRAINE Humphrey</u>	Title: <u>manager</u>																															
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Issued 02/18/2014 by CLH <span style="float: right;">103869</span>																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM