

No. W 228	Due no later than Mar 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL W. KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501																																			
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. COLUMBIA 7 LIMITED LIABILITY COMPANY MICHAEL W. KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MICHAEL KAUFMAN</td> <td>2985 MAYFAIR RDG.</td> <td>LEWISTON, ID</td> <td>USA</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>WILLIAM FELSTED</td> <td>4806 S ST. ANDREWS</td> <td>SPOKANE, WA</td> <td>USA</td> <td></td> <td>99223</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 checked="" type="checkbox"/>	MICHAEL KAUFMAN	2985 MAYFAIR RDG.	LEWISTON, ID	USA		83501	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	WILLIAM FELSTED	4806 S ST. ANDREWS	SPOKANE, WA	USA		99223	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;"> IDAHO W 228 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature: <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive; font-size: 1.2em;"> Michael Kaufman </div> </td> <td style="width: 40%; padding: 5px;"> Date: <div style="border-bottom: 1px solid black; text-align: center; font-size: 1.2em;"> 4-28-16 </div> </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive; font-size: 1.2em;"> MICHAEL KAUFMAN </div> </td> <td style="padding: 5px;"> Title: <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive; font-size: 1.2em;"> MEMBER MANAGER </div> </td> </tr> </table>		Signature: <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive; font-size: 1.2em;"> Michael Kaufman </div>	Date: <div style="border-bottom: 1px solid black; text-align: center; font-size: 1.2em;"> 4-28-16 </div>	Name (type or print): <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive; font-size: 1.2em;"> MICHAEL KAUFMAN </div>	Title: <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive; font-size: 1.2em;"> MEMBER MANAGER </div>																															
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