| No. W 117495 Return to: | | Due no later than Sep 30, 2016 Annual Report Form | 2. Registered Agent and Address (NO PO BOX) L KIP STEED 5519 E. COMISH DRIVE IDAHO FALLS ID 83406 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. TIMBERLODGE, LLC KIP STEED 5519 E. COMISH DRIVE IDAHO FALLS ID 83406 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Com | panies: Enter Nai | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | L. KIP STEE | 5519 E. COMISH DRIVE | IDAHO FALLS | ID | USA | 83406 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: L. Kip Steed | Date: 09/02/2016 | | | |
| W 117495 | | Name (type or print): L. Kip Steed | Title: Manager | | | |
| Processed 09/02/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | |