

No. W 151928		Due no later than May 31, 2016 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		1. Mailing Address: Correct in this box if needed. ABODE PROPERTIES LLC CHENELE DIXON PO BOX 859 KIMBERLY ID 83341		CHENELE DIXON 3430 HARVEST MOON DRIVE KIMBERLY ID 83341			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	
MEMBER	MICHAEL PAUL DIXON	3430 HARVEST MOON DR.	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID W 151928		6. Annual Report must be signed.* Signature: Chenele Dixon Name (type or print): Chenele Dixon Date: 06/09/2016 Title: Owner					
Processed 06/09/2016 * Electronically provided signatures are accepted as original signatures.							