No. **W 61960**	**Due no later than Apr 30, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** WALLACE PROPERTIES NO. 1. LLC TIM E WALLACE 459 N FIVE MILE RD BOISE ID 83713	TIM E WALLACE 459 N FIVE MILE RD BOISE ID 83713 3. New 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	TIM E WALLACE	459 N FIVE MILE RD	BOISE	ID		83713

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 61960**	Signature: Tim E Wallace	Date: 02/24/2016
	Name (type or print): Tim E Wallace	Title: President

Processed 02/24/2016

* Electronically provided signatures are accepted as original signatures.