


No. W 140149	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN H TELFORD 208 12TH AVE ROAD NAMPA ID 83686
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. CASEY FAIRCHILD HOMESTEAD LLC PO BOX 324 BUHL ID 83316		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>CASEY FAIRCHILD</i> <i>P.O. Box 324</i> <i>Buhl ID.</i> <i>TRUMP</i> <i>83316</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 140149 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  <hr/> Name (type or print): <i>Casey Fairchild</i> </div> <div> Date: <i>7-28-15</i> <hr/> Title: <i>Pres. MGR.</i> </div> </div>	
Issued 06/29/2015 by TLB		131427	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the