




No. W 59526	Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712
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. FAIRVIEW LAKES OFFICE DEVELOPMENT, LLC DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	DOUG TAMURA	1124 SANTA MARIA	BOISE	ID		83712
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-weight: bold; font-size: 1.2em;"> IDAHO W 59526 </div>	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature:  <hr/> Name (type or print): DOUG TAMURA </td> <td style="width: 40%;"> Date: <u>1/27/16</u> <hr/> Title: <u>MEMBER</u> </td> </tr> </table>	6. Signature:  <hr/> Name (type or print): DOUG TAMURA	Date: <u>1/27/16</u> <hr/> Title: <u>MEMBER</u>
6. Signature:  <hr/> Name (type or print): DOUG TAMURA	Date: <u>1/27/16</u> <hr/> Title: <u>MEMBER</u>		