

No. W 8338		Due no later than Mar 31, 2015 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. PARKSIDE MOBILE MANOR, LLC SCOTT KELLY HORROCKS 6444 OLD OREGON TR RD LAVA HOT SPRINGS ID 83246		SCOTT KELLY HORROCKS 6444 OLD OREGON TR RD LAVA HOT SPRINGS 83246			
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	
MANAGER	SCOTT KELLY HORROCKS	655 LILAC STREET	BLACKFOOT	ID	USA	83221	
MANAGER	CHARLES MICHAEL HORROCKS	345 E RICK LANE	BLACKFOOT	ID	USA	83221	
MANAGER	MICHELLE L HORROCKS	6444 OLD OREGON TRAIL ROAD	LAVA HOT SPRINGS	ID	USA	83246	
MANAGER	NANCI J HORROCKS	345 EAST RICH LANE	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 8338		6. Annual Report must be signed.* Signature: Scott Horrocks Name (type or print): Scott Horrocks					
		Date: 01/16/2015 Title: President					
Processed 01/16/2015		* Electronically provided signatures are accepted as original signatures.					