No. <b>W 143722</b>		Due no later than Oct 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHADOW VIEW MANAGEMENT, LLC PO BOX 3850 HAILEY ID 83333		2. Registered A	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				4 STREAMS HAILEY ID	CHARLES M ELLIS 4 STREAMSIDE DRIVE HAILEY ID 83333-9536  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	mes and made esses of a	Street or PO Address	City	State	Country	Postal Code	
MEMBER DANIEL MEDEIROS		DEIROS	1373 E SAINT JAMES CR	FRESNO	CA	USA	93720	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lori Black		Date: 09	Date: 09/20/2017			
W 143722		Name (type or print): Lori Black		Title: A	Title: Authorized Agent			
Processed 09/20/2017 * Electronically provided signatures are accepted as original signatures.						•		