

No. W 82452	Due no later than Mar 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM CUSHING <i>Nicholas West</i> 576 N QUARRY VIEW PL <i>7201 Southern Vista Ct</i> BOISE ID 83712 <i>Star Id 83669</i>																																			
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. DELSA'S PROPERTIES, LLC TOM CUSHING <i>Nicholas West</i> 7923 W USTICK RD BOISE ID 83704		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Nicholas C West</i></td> <td><i>7201 Southern Vista Ct</i></td> <td><i>Star Id</i></td> <td><i>83669</i></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Nicholas C West</i>	<i>7201 Southern Vista Ct</i>	<i>Star Id</i>	<i>83669</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"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 82452 </div>		6. Signature: <hr/> Name (type or print): <i>Nicholas C West</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <i>1-15-16</i> <hr/> Title: <i>President</i> <hr/> </div> </div>																																				
Issued 01/15/2016 by TLB 121736																																						

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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the