No. W 48323 Return to; SECRETARY OF STATE	Due no later than Mar 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.			2. Registered Agent and Office (NOT A P.O. BOX) AHRENS & DEANGELI PLLC 101 S CAPITOL BLVD #300		
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	CHESTER PROPER PO BOX 7928 BOISE ID 83707	TTES, LLC	1	BOISE II	D 83702	
NO FILING FEE IF RECEIVED BY DUE DATE		. <u></u>	·	3. <u>New</u> Re	gistered Age	ent Signature.
		Names and Addresses				
Manager or Member	Name	Street or PO Address	City	State	Country	Postel Code
Manager Member XX	Jo Ann Eggers	1884 Hendricks	Ct. Mer	idian	ID USA	83642
Manager Member XX	Drew F Eggers	Des Tr PO Box	7928 B	oise	ID USA	A 83707
Manager Member XX	Lance D Egger	s Des Tr PO Box	7928 . B	oise	ID USA	A 83707
Manager Member XX	Todd A Eggers	Des Tr PO Box	7928 B	oise	ID USA	A 83707
5. Organized Under the La	ws of: 6.					
IDAHO	Signature:	On Francisco Cons	icis		Cate	5-12-14
W 48323	Name (type o		<u>-</u> -		Title	ember
Issued 04/11/2014 by DK1						103580
INST	RUCTIONS F	OR THE IDAHO	ANNUAI	. REPO	RT FOR	M

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 corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Meil Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO MOT enter Social Security numbers.

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED

Office Hel	d Name	Street/PO Box	<u>City</u>	State	Country	Postal <u>Code</u>
Member	Drew F Eggers	2256 N Waggle Place	Meridian	ID	USA	83642
Member	Lance D Eggers	3 27207 S Brookerson R	d Wilcox	ΑZ	USA	85643
Member	Todd A Eggers	2545 E Blue Tick St, A	pt 101 M	eridian	ID USA	83642



Private Client Group

## Fax Cover Sheet

ZOUL MAY 16 AM 10: 53 PO BOX 7928 SECRETARY OF JAN BOISE 10 83707 STATE OF IDAHO Fax # 208-383-7171

To:	Secretary of State	From:	MARILYN MYERS	
Company:		Phone:	208-383-7129	
Phone:	208-334-2301	Date:	5-16-14	
Fax:	208-334-2080	# of pages:	3	

Message: RE: The Idaho Annual Report for Chester Properties, LLC

Attached is the Idaho Annual Report form for Chester Properties, LLC.

Please do not hesitate to contact me if you have any questions.

Thank you

Marilyn Myers
Private Client Representative
US Bank – Private Client Group
Phone 208-383-7129
Fax 208-383-7171

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## CONFIDENTIAL

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