No. W 67285 Return to:		Due no later than Oct 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. TANGLEWOOD DRIVE, LLC SHARON MALEY PO BOX 7186 KETCHUM ID 83340		2. Registered Agent and Address (NO PO BOX) SHARON MALEY 102 REDCLIFF ROAD KETCHUM ID 83340 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TANGLEWOOD I SHARON MALEY PO BOX 7186						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code	
MEMBER SHAR TRUS	ON MALEY HANSON MALE T	Y PO BOX 7186	KETCHUM	ID		83340	
5. Organized Under the Laws of:	6. Annual Report r	6. Annual Report must be signed.*					
ID	Signature: SHA	Signature: SHARON MALEY		Date: 08/23/2017			
W 67285	Name (type or p	Name (type or print): SHARON MALEY		Title: OWNER			
Processed 08/23/2017	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					