No. W 52880		Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CARLOS POST 5840 ADAM NEW PLYMONTH ID 83655 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HIGH VISTA ES CARLOS POST P.O. BOX 93 745 INDIAN VA	1. Mailing Address: Correct in this box if needed. HIGH VISTA ESTATES, LLC CARLOS POST P.O. BOX 93 745 INDIAN VALLEY ROAD INDIAN VALLEY ID 83632-5503					
NO FILING FEE IF RECEIVED BY DUE DATE	INDIAN VALLEY						
4. Limited Liability Companies: En	ter Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GARRE	TT POST POST	5840 ADAM	NEW PLYMONTH	l ID	USA	83655	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
ID	Signature: Car	Signature: Carlos Post		Date: 07/15/2014			
W 52880	Name (type or	Name (type or print): Carlos Post		Title: Manager			
Processed 07/15/2014	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					