

No. W 17747		Due no later than Jan 31, 2016		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 RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HAFLA FAMILY CABIN, LLC JOLYNNE CAVENER 2202 ESTATES DR NAMPA ID 83686		STEPHEN H TELFORD 2635 CHANNING WAY IDAHO FALLS ID 83404	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	ANTHONY PATRICK HAFLA	2699 W MEADOW LARK LN	IDAHO FALLS	ID	83402
MANAGER	JOLYNNE MARIE CAVENER	2202 ESTATES DR	NAMPA	ID	83686
MANAGER	LORRIE LEE WESTFALL	2202 ESTATES DR	NAMPA	ID	83686
MANAGER	CASEY J HAFLA	3421 E ROH LANE	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: ID W 17747		6. Annual Report must be signed.* Signature: JOLYNNE CAVENE Name (type or print): JOLYNNE CAVENE Date: 11/18/2015 Title: MANAGER			
Processed 11/18/2015		* Electronically provided signatures are accepted as original signatures.			