No. <b>W 26666</b>		Due no later than Oct 31, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  THORPE 4929, L.L.C. RUTH J THORPE 4010 APPALOOSA RD COEUR D ALENE ID 83815	CECIL THORPE 4010 APPALOOSA RD COEUR D'ALENE ID 83815  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	RUTH THORI	PE 4010 APPALOOSA RD	COEUR D'ALENE	ID		83815
5. Organized Under the Laws of:  ID  W 26666		6. Annual Report must be signed.* Signature: Ruth Thorpe Name (type or print): Ruth Thorpe	Date: 09/05/2015 Title: Member			
Processed 09/05/2015 * Electronically provided signatures are accepted as original signatures.						