| No. W 15001 | Due no later than Apr 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--------|--|-------|---------|-------------|
| Return to: | Annual Report Form | | LEARNED LAWYER PLLC | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if no CAMBRIDGE-DORCHESTER APARTMENTS, LLC. KARL C KLOKKE 5677 W BEACH FRONT L | eeded. | 802 W BANNOCK ST STE LP108 BOISE ID 83702 | | | |
| | BOISE ID 83703 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER KLOKKE PAF | R KLOKKE PARTNERS LLC 3 UPPER NEWPORT PLAZA 2ND FLOC | | R NEWPORT BEA | CH CA | | 92660 |
| | | | | | | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | ID Signature: Karl Klokke | | Date: 04/29/2018 | | | |
| W 15001 | Name (type or print): Karl Klokke | | Title: member | | | |
| Processed 04/29/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | |