


No. <b>W 92605</b>	<b>Due no later than Apr 30, 2017 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> AGNESE M RILEY 308 9TH AVE POST FALLS ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> BOULDER COURT RENTAL LLC AGNESE M RILEY 308 9TH AVE POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Agnese M Riley</td> <td>308 9th Ave</td> <td>Post Falls</td> <td>Id</td> <td>USA</td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Agnese M Riley	308 9th Ave	Post Falls	Id	USA	83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Agnese M Riley	308 9th Ave	Post Falls	Id	USA	83854																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 92605</b> </div>	6. Signature:  <hr/> Name (type or print): <b>Agnese M Riley</b>		Date: <b>4/11/17</b>  <hr/> Title: <b>member manager</b>																																			
Issued 04/06/2017 by DK1		123928																																				

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**