

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 04-30-1995

No. 457	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	CHRISTOPHER T ABEND 40 N 400 W GROVELAND RD
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address -- Please Correct If Not Correct	BLACKFOOT ID 83221
** FINAL NOTICE ** NO FEE REQUIRED	GROVELAND REAL ESTATE DEVELOPME CHRISTOPHER T ABEND 40 N 400 W GROVELAND RD	3. Organized Under The Laws of
	BLACKFOOT ID 83221	ID
		NO: 457

4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		MUST BE PRINTED OR TYPED		
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager:				
Chris T. Abend	146 North 400 West	Blackfoot	Idaho	83221
Members:				
Randi Phillips	132 North 400 West	Blackfoot	Idaho	83221
Kim Abend	144 North 400 West	Blackfoot	Idaho	83221

5. Signature of the Current Registered Agent (if changed in block 2)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.
_____	<div style="display: flex; justify-content: space-between;"> <div> Signature _____ Name (Typed or Printed) Christopher T. Abend </div> <div> Date October 23, 1995 Manager _____ </div> </div>