No. W 91623		Annual Report Form 1. Mailing Address: Correct in this box if needed. TURNER BAY, LLC C/O SAMUEL & COMPANY INC 5141 N 40TH ST #500		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addre TURNER BAY, LLC C/O SAMUEL & CON 5141 N 40TH ST #5			JOSH BEEBE 1221 W EMMA COEUR D ALENE ID 83814 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresses of a	at least one Member or Manager	r.					
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER SAMUEL	& COMPANY, INC.	5141 NORTH 40TH STREET	SUITE 500	PHOENIX	AZ	USA	85018	
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: Brice W	Signature: Brice W. Samuel		Date: 03/18/2013				
W 91623	Name (type or print	Name (type or print): Brice W. Samuel			Title: Vice President			
Processed 03/18/2013	* Electronically provided signatures are accepted as original signatures.							