

No. W 32491	Due no later than Aug 31, 2017 Annual Report Form			2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALPINE OF IDAHO, LLC 22938 AP RD WILDER ID 83676			HERB MITCHELL 22938 AP RD WILDER ID 83676	
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Connie J. Mitchell	Lower Pleasant Ridge Rd	Wilder	Id	USA
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bettie J. Mitchell	22938 AP RD	Wilder	Id	USA
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Herbert C. Mitchell	22938 AP RD	Wilder	Id	USA
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bettie J. Mitchell	22938 AP RD	Wilder	Id	USA
5. Organized Under the Laws of: IDAHO W 32491	6. Signature:  Name (type or print): <u>Herbert C. Mitchell</u>				
	Date: <u>7-1-2017</u> Title: <u>Manager</u>				