No. W 6017		Due no later than Apr 30, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LOUIS JOSEPH PARRI 5000S 2333E VICTOR 83455				
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		TETON PEAKS TOWNHOUSES, L.L.C. LOUIS JOSEPH PARRI PO BOX 129						
		DRIGGS ID 83422			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies	s: Enter Nar	nes and Addresses o	of at least one Member or Manager.					
Office Held N	fice Held Name		Street or PO Address		City	State	Country	Postal Code
	LOUIS JOSEPH PARRI		PO BOX 129		DRIGGS	ID		83422
MEMBER JU	UDY MARIE	BAUMGARDNER	PO BOX 129		DRIGGS	ID	USA	83422
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Louis Joseph Parri			Date: 03/19/2015			
W 6017		Name (type or print): Louis Joseph Parri			Title: Manager			
Processed 03/19/2015	* Electronically provided signatures are accepted as original signatures.							