| No. W 2522 | Due no later than Jun 30, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|----------------------------|-----------------------|-------------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. PEAKS LIMITED LIABILITY COMPANY ELSIE B. WACH PO BOX 764 | dress: Correct in this box if needed. 834 NORTH HIGHWAY 33 DRIGGS ID 83422 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | DRIGGS ID 83422 USA | 3. <u>New</u> Registered Agent Signature:* | | | |
| 700 00 0 | mes and Addresses of at least one Member or Manager. Street or PO Address | Cib | Ctata | Country | Doctol Codo |
| Office Held Name MANAGER ELSIE B W. MEMBER ELSIE B W. | ACH 834 NORTH HIGHWAY 33 PO BOX 764 | | State ID ID | Country USA USA | Postal Code 83422 83422 |
| 5. Organized Under the Laws of: ID W 2522 | 6. Annual Report must be signed.* Signature: Elsie Name (type or print): Elsie | | e: 04/28/201 e: Manager | 7 | |
| Processed 04/28/2017 | * Electronically provided signatures are accepted as original sign | atures. | | | |