No. **W 9740**	**Due no later than Sep 30, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CREEKSIDE MHC, LLC JEFF HEBERT 5091 N LAKEMONT LANE GARDEN CITY ID 83714	JEFFREY HEBERT 5091 N. LAKEMONT LANE GARDEN CITY ID 83714 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JEFFREY J HEBERT	1159 E. IRON EAGLE DR. STE 170	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 9740**	Signature: Jeff Hebert	Date: 07/15/2013
	Name (type or print): Jeff Hebert	Title: Manager

Processed 07/15/2013

* Electronically provided signatures are accepted as original signatures.