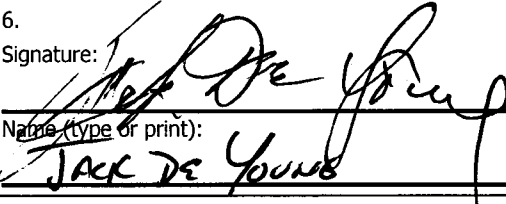


No. W 142439	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL HARLAND FELTON 1020 MAIN BUHL ID 83316																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SENATOR, A MANUFACTURED HOME COMMUNITY, LLC (THE) JACK NMN DE YOUNG 6424 CANDLEWOOD ST LAKEWOOD CA 90712-2007 9934 Cedar St. Bellflower, CA 90706		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JACK DE YOUNG</td> <td>9934 CEDAR ST</td> <td>BELLFLOWER</td> <td>CA</td> <td>USA</td> <td>90706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JACK DE YOUNG	9934 CEDAR ST	BELLFLOWER	CA	USA	90706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 142439	6. Signature:  Name (type or print): <u>JACK DE YOUNG</u>		Date: <u>8/12/16</u> Title: <u>MEMBER</u>																																			
Issued 08/01/2016 by JL1		102462																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM