AND PROJECT OF THE PROPERTY OF		ater than Sep 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to: Annu		ual Report Form	JOHN F MAGNUSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addres  LAISSEZ FAIRE, LLC  JOHN MAGNUSON  1250 NORTHWOOD (  COEUR D ALENE ID		1250 NORTHWOOD CENTER CT #A COEUR D'ALENE ID 83814-8381  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	COLOR D'ALLINE ID 03014		5. <u>1.5</u> 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 JOHN F. MAGNUSON		1250 NORTHWOOD CENTER COURT SUITE A	COEUR D'ALENE	ID	USA	83816
5. Organized Under the Laws of: 6. Annual Report must be		be signed.*				
ID Signature: JOHN F. MA		MAGNUSON	Date: 07/31/2018			
W 33319 Name (type or print		: JOHN F. MAGNUSON	Title: Manager			
Processed 07/31/2018	* Electronically provided signatures are accepted as original signatures.					