No. **W 116602**	**Due no later than Aug 31, 2018** **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.** PEAK RECOVERY LLC MICHONNE PIEKSMA 2423 S GEORGIA STE A CALDWELL ID 83605	MICHONNE PIEKSMA 28751 COUNTRY LN CALDWELL ID 83607 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
MEMBER	MICHONNE L PIEKSMA	28751 COUNTRY LANE	CALDWELL	ID	USA	83607

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 116602**	Signature: Michonne Pieksma	Date: 06/27/2018
	Name (type or print): Michonne Pieksma	Title: Owner

Processed 06/27/2018

* Electronically provided signatures are accepted as original signatures.