

No. W 41136		Due no later than Jul 31, 2018		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		Annual Report Form		CHARLES A STORY 518 PUEBLO BOISE ID 83702															
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*															
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>CHARLES STORY</td> <td>CHARLES STORY</td> <td>518 PUEBLO</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MEMBER	CHARLES STORY	CHARLES STORY	518 PUEBLO	BOISE	ID	83702
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
MEMBER	CHARLES STORY	CHARLES STORY	518 PUEBLO	BOISE	ID	83702													
5. Organized Under the Laws of: ID W 41136		6. Annual Report must be signed.* Signature: Charles A Story Name (type or print): Charles A Story Date: 05/22/2018 Title: Member																	
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.																	