

No. W 34547	Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM HARVEY 129 STONEGATE CIRCLE KETCHUM ID 83340-3423
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. THOMAS H HARVEY III, LLC TOM HARVEY PO BOX 2360 KETCHUM ID 83340		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Thomas H Harvey III	(Tom) 129 Stonegate Circle	Ketchum	ID	USA	83340
Manager <input type="checkbox"/> Member <input type="checkbox"/>		P.O. Box 2360				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 34547 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>THH</u> </td> <td style="width: 40%;"> Date: <u>10/9/17</u> </td> </tr> <tr> <td> Name (type or print): <u>Thomas H. Harvey III</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>THH</u>	Date: <u>10/9/17</u>	Name (type or print): <u>Thomas H. Harvey III</u>	Title: <u>Manager</u>
Signature: <u>THH</u>	Date: <u>10/9/17</u>				
Name (type or print): <u>Thomas H. Harvey III</u>	Title: <u>Manager</u>				

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