| No. W 165479 | Due no later than Apr 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | al Report Form Correct in this box if needed. | SAM M ROBINSON 1817 11TH AVE LEWISTON ID 83501 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | LEWISTON ID 83501 | | 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 VICTORIA MARIE ROBINSON 1817 11TH AVE | | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be | | | | | |
| ID | Signature: Sam Robinson | | Date: 04/28/2017 | | | |
| W 165479 | W 165479 Name (type or print): Sam Robinson | | Title: Manager | | | |
| Processed 04/28/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | |