

No. <b>W 55653</b>	<b>Due no later than Oct 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  SHORELINE, LLC SONIE COMBS PO BOX 3530 POST FALLS ID 83877		ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SAUNDRA L COMBS	Street or PO Address PO BOX 3530	City POST FALLS	State ID	Country	Postal Code 83877	
5. Organized Under the Laws of:  <b>ID</b> <b>W 55653</b>	6. Annual Report must be signed.*  Signature: Saundra Combs Name (type or print): Saundra Combs						Date: 08/29/2017 Title: Member
Processed 08/29/2017	* Electronically provided signatures are accepted as original signatures.						