

No. <b>W 127094</b>		<b>Due no later than Jul 31, 2018</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>  PANHANDLE SUPPORT SERVICES LLC CHRISTOPHER R OLSON PO BOX 2337 SANDPOINT ID 83864		LACEY OLSON 513 N 4TH AVE SANDPOINT ID 83864			
<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 CHRISTOPER R OLSON	Street or PO Address 513 N. 4TH AVE		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 127094</b>		6. Annual Report must be signed.*  Signature: Christopher R Olson Name (type or print): Christopher R Olson  Date: 07/21/2018 Title: Owner, Manager					
Processed 07/21/2018 * Electronically provided signatures are accepted as original signatures.							