

No. W 28665		Due no later than Feb 28, 2017		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 1. Mailing Address: Correct in this box if needed. MORSE FAMILY LLC #1 ED MORSE PO BOX 3294 HAYDEN ID 83835		ED MORSE 2101 LAKEWOOD DR #225 COEUR D'ALENE ID 83814	
				3. <u>New</u> 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
MANAGER	ED MORSE	2101 LAKEWOOD DR #225	COEUR D'ALENE	ID	83814
MANAGER	TERRI MORSE	2101 LAKEWOOD DR #225	COEUR D'ALENE	ID	83814
5. Organized Under the Laws of: ID W 28665		6. Annual Report must be signed.* Signature: Terri Morse Name (type or print): Terri Morse Date: 02/20/2017 Title: Manager			
Processed 02/20/2017		* Electronically provided signatures are accepted as original signatures.			