No. W 34631		Due no later than Nov 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	Ar	Annual Report Form		SAMUEL J CRAWFORD III			
SECRETARY OF STATE	1. Mailing Addı	1. Mailing Address: Correct in this box if needed. DEALERPRO CONSULTING, LLC SAMUEL J CRAWFORD III 108 S HAZELWOOD DR		108 S HAZELWOOD DR COEUR D'ALENE ID 83814-5814			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SAMUEL J CRAV						
	COEUR D ALENE	ID 83814-5814	3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 SAMUEL J CRAWFORD III		108 HAZELWOOD DR	COEUR D'ALENE	ID		83814-5814	
5. Organized Under the Laws of:	6. Annual Report m	6. Annual Report must be signed.*					
ID	ID Signature: SAMUEL J CRAWFORD III			Date: 09/26/2016			
W 34631	Name (type or pr	Name (type or print): SAMUEL J CRAWFORD III		Title: MANAGER			
Processed 09/26/2016	* Electronically provi	* Electronically provided signatures are accepted as original signatures.					