No. <b>W 116378</b>		ie no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		ddress: Correct in this box if needed. LC ILIS ST	LOT 2 CTE /FNC FLV DANGL				
NO FILING FEE IF RECEIVED BY DUE DATE	l l						
4. Limited Liability Companies: E	nter Names and Address	es of at least one Member or Manager.					
Office Held Nam	е	Street or PO Address	City	State	Country	Postal Code	
MEMBER BENJ	AMEN LEE WELLS	146 WWP HOUSING RD	CLARK FORK	ID	USA	83811	
5. Organized Under the Laws of	: 6. Annual Repor	6. Annual Report must be signed.*					
ID	Signature: Be	Signature: Benjamen Wells		Date: 07/02/2018			
W 116378	Name (type o	Name (type or print): Benjamen Wells		Title: Owner/member			
Processed 07/02/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.					