No. <b>W 108548</b>	D	Due no later than Nov 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Mailing	Annual Report Form  1. Mailing Address: Correct in this box if needed.  HAHAJ CONSULTING, LLC  JIM HAHAJ  858 MOUNTAIN VIEW DR  TWIN FALLS ID 83301		JIM HAHAJ 858 MOUNTAIN VIEW DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HAHAJ CONS JIM HAHAJ 858 MOUNTA						
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	
MANAGER JIM M H MEMBER CAMELLE	AHAJ L HOWARD	858 MOUNTAIN VIEW DR 858 MOUNTAIN VIEW DR	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of: 6. Annua		rt must be signed.*					
<b>ID</b> Signatur		im Hahaj Date: 09/16/2017					
W 108548	Name (type o	Name (type or print): Jim Hahaj		Title: Manager			
Processed 09/16/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					