| No. W 162352 | Due no later than Feb 28, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | DAVID CROW | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 290 TERRACE DR COCOLALLA ID 83813 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | SPOKANE ST. CENTER, LLC SPOKANNE ST CEN 290 TERRACE DR | 3. New Registered Agent Signature:* | | | |
| | COCOLALLA ID 83813 | | | | |
| NO FILING FEE IF | USA | | | | |
| 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 DAVID CROW 290 TERRACE DR | | COCOLALLA | ID | USA | 83813-9602 |
| | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: David Crow | Date: 03/13/2018 | | | |
| W 162352 | Name (type or print): David Crow | Title: member | | | |
| Processed 03/13/2018 | * Electronically provided signatures are accepted as original signatures. | | | | |