No. **W 57490**	**Due no later than Dec 31, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** 120 LLC REO D WILDE 11965 N CUMBERLAND RD POCATELLO ID 83202	REO WILDE 11965 N CUMBERLAND RD POCATELLO ID 83202 3. New 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	REO WILDE	11965 N CUMBERLAND RD	POCATELLO	ID		83202
MANAGER	SHERI WILDE	11965 N CUMBERLAND RD	POCATELLO	ID		83202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57490**	Signature: sheri wilde	Date: 11/27/2017
	Name (type or print): sheri wilde	Title: manager

Processed 11/27/2017

* Electronically provided signatures are accepted as original signatures.