

No. W 53451		Due 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. 24-7 PROFESSIONAL SOLUTIONS, LLC KAREN R STROP 13967 W WAINWRIGHT DR., SUITE 101 BOISE ID 83713		KAREN R STROP 13967 W WAINWRIGHT DR STE 101 BOISE ID 83713		3. <u>New</u> 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	KAREN R STROP	13601 W MCMILLAN RD STE 101-312	BOISE	ID		83713	
5. Organized Under the Laws of: ID W 53451		6. Annual Report must be signed.* Signature: karen strop Name (type or print): karen strop Date: 06/29/2018 Title: Owner					
Processed 06/29/2018		* Electronically provided signatures are accepted as original signatures.					