No. <b>W 108934</b>		Due no later than Dec 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to the second to the second	LEONA J AILOR 1475 AILOR ROAD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AILOR WHITEPINE, LLC LARRY G AILOR 1033 W, MOUNT DEARY CREEK ROAD DEARY ID 83823  3. New Registered Agen			83823	gnature:*		
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER LARRY G AILO		LOR	1033 W MT DEARY CREEK RD	DEARY	ID	USA	83823	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Larry G Ailor			Date: 12/14/2016			
W 108934		Name (type or print): Larry G Ailor		Title: Manager				
Processed 12/14/2016 * Electronically provided signatures are accepted as original signatures.								