No. <b>W 162246</b>		Due no later than Feb 28, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		THOMAS SI	THOMAS SHELTON 4895 S 2000 E VICTOR ID 83455  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SHELTON CONSULTING LLC  THOMAS SHELTON  4895 S 2000 E  VICTOR ID 83455		VICTOR ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS A	SHELTON	4895 S 2000 E	VICTOR	ID	USA	83455	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas Shelton			Date: 01/23/2018			
W 162246		Name (type or		Title: CEO				
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.						