No. W 25734		Due no later than Aug 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. PACKER'S ENTERPRISE LLC. D'ORR N PACKER 7300 SARATOGA DR NAMPA ID 83686 mes and Addresses of at least one Member or Manager.		2. Registered	2. Registered Agent and Address (NO PO BOX) D'ORR N PACKER 7300 SARATOGA DR NAMPA ID 83686 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				7300 SARA				
				3. <u>New</u> Regist				
Office Held	Name	nes and Addres	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	D'ORR N PACKER KRISTINE K PACKER		7300 SARATOGA DR 7300 SARATOGA DR	NAMPA NAMPA	ID ID	USA USA	83686 83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: D'Orr N Packer Date: 07/24				/24/2016		
W 25734		Name (type	or print): D'Orr N Packer		Title: President			
Processed 07/24/2016 * Electronically provided signatures are accepted as original signatures.								