No. W 72363		Due no later than Mar 31, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. INDEPENDENCE DEVELOPMENT, LIMITED LIABILITY COMPANY JACK SHAW 1935 MASTERS DR IDAHO FALLS ID 83401	JACK SHAW 1935 MASTERS DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nan		nes and Addresses of at least one Member or Manager.	or <u>rice</u> regional ou				
Office Held Nam		Street or PO Address	City	State	Country	Postal Code	
	SHAW D SHAV	1935 MASTERS DR V 1508 LEESE DRIVE	IDAHO FALLS FLOWER MOUND	ID	USA	83401 75028	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 72363		Signature: Jack Shaw	Date: 01/23/2018				
		Name (type or print): Jack Shaw	Title: Manager				
Processed 01/23/2018		* Electronically provided signatures are accepted as original signatures.					