

No. <b>W 31293</b>		<b>Due no later than Jun 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MCMILLEN, LLC MARA MCMILLEN 1401 SHORELINE DR SUITE 100 BOISE ID 83702		MORTON D MCMILLEN 1401 SHORELINE DR SUITE 100 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MARA MCMILLEN	Street or PO Address 1401 SHORELINE DR SUITE 100		City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 31293</b>		6. Annual Report must be signed.*  Signature: Mara McMillen Name (type or print): Mara McMillen  Date: 05/14/2018 Title: Manager					
Processed 05/14/2018      * Electronically provided signatures are accepted as original signatures.							