No. W 106444	Due no later than Sep 30, 2016	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. FALCKCO, LLC LEVI FALCK 6924 WESTVIEW DRIVE BONNERS FERRY ID 83805	LEVI FALCK 509977 HWY 95 BONNERS FERRY ID 83805 3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter	r Names and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER LEVI F	ILCK 6924 WESTVIEW DRIVE	BONNERS FERRY ID USA 83805
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ъ	Signature: Levi Falck	Date: 08/02/2016
W 106444	Name (type or print): Levi Falck	Title: Manager
Processed 08/02/2016	* Electronically provided signatures are accepted as original signatures.	