

No. W 55453 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Oct 31, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) VONNIE M EMORY 1629 E STADLER COURT EAGLE ID 83616 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Riper Emory</td> <td>1012 Augusta Dr.</td> <td>Nampa,</td> <td>Ida.</td> <td>U.S.A.</td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jeff Emory</td> <td>4444 So. Redhawk</td> <td>Boise,</td> <td>Ida.</td> <td>U.S.A.</td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Stan Emory</td> <td>P.O. Box 308</td> <td>Dry Creek,</td> <td>Ida.</td> <td>U.S.A.</td> <td>70637</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steve Emory</td> <td>1302 - 2nd St.</td> <td>LaGrande,</td> <td>Ore.</td> <td>U.S.A.</td> <td>97850</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Riper Emory	1012 Augusta Dr.	Nampa,	Ida.	U.S.A.	83686	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeff Emory	4444 So. Redhawk	Boise,	Ida.	U.S.A.	83716	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Stan Emory	P.O. Box 308	Dry Creek,	Ida.	U.S.A.	70637	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve Emory	1302 - 2 nd St.	LaGrande,	Ore.	U.S.A.	97850
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Riper Emory	1012 Augusta Dr.	Nampa,	Ida.	U.S.A.	83686																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeff Emory	4444 So. Redhawk	Boise,	Ida.	U.S.A.	83716																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Stan Emory	P.O. Box 308	Dry Creek,	Ida.	U.S.A.	70637																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve Emory	1302 - 2 nd St.	LaGrande,	Ore.	U.S.A.	97850																															
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 55453</div>	6. <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Signature: <u>Vonnie Emory</u></td> <td style="width: 40%;">Date: <u>9-15-18</u></td> </tr> <tr> <td>Name (type or print): <u>Vonnie Emory</u></td> <td>Title: <u>Sec./Treas.</u></td> </tr> </table>		Signature: <u>Vonnie Emory</u>	Date: <u>9-15-18</u>	Name (type or print): <u>Vonnie Emory</u>	Title: <u>Sec./Treas.</u>																															
Signature: <u>Vonnie Emory</u>	Date: <u>9-15-18</u>																																				
Name (type or print): <u>Vonnie Emory</u>	Title: <u>Sec./Treas.</u>																																				

Issued 08/24/2018 by DK1

109468

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM