

|  |                     |  |       |   |         |                        |  |
|--|---------------------|--|-------|---|---------|------------------------|--|
| No. <b>W 157320</b>  |                     | <b>Due no later than Oct 31, 2017</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                              |         |                        |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRADECRAFT PLANNING, LLC<br>ROBERT LA CHANCE CFP, CHFC, AEP<br>3004 S CRABAPPLE LANE<br>BOISE ID 83706-6812 |       | ROBERT LA CHANCE CFP, CHFC, AEP<br>3004 S CRABAPPLE LANE<br>BOISE ID 83706-8370 |         |                        |  |
|  |                     |  |       | 3. <u>New</u> Registered Agent Signature:*                                      |         |                        |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                     |  |       |   |         |                        |  |
| Office Held  | Name                | Street or PO Address   | City  | State   | Country | Postal Code            |  |
| MANAGER  | ROBERT A. LA CHANCE | 3004 S. CRABAPPLE LANE   | BOISE | ID  | USA     | 83706                  |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*  |       |   |         |                        |  |
| <b>ID<br/>W 157320</b>   |                     | Signature: Robert La Chance  |       |   |         | Date: 10/19/2017       |  |
|  |                     | Name (type or print): Robert La Chance   |       |   |         | Title: Managing Member |  |
| Processed 10/19/2017   |                     | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                        |  |