No. W 84013		Due no later than May 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. BASSO, LLC TIMOTHY V SHORT 307 N LINCOLN ST SUITE A2 POST FALLS ID 83854 USA			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				611 E 1ST AV POST FALLS	TIMOTHY V SHORT 611 E 1ST AVE POST FALLS ID 83854 3. New Registered Agent Signature:*			
4. Limited Liability Compan	nies: Enter N	lames and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TIMOTHY	V SHORT	611 E 1ST AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 84013		6. Annual Report must be signed.* Signature: Barb Short			Date: 05/31/2017			
		Name (type or print): Barb Short		Title:	Title: Office Manager			
* Electronically provided signatures are accepted as original signatures.								