

No. W 35393		Due no later than Dec 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. OLAKINO TRAINING LLC ANNETTE ALLEN 25146 SHADOW MOUNTAIN CIRCLE STAR ID 83669		ANNETTE ALLEN 25146 SHADOW MOUNTAIN CIRCLE STAR ID 83669-8366	
				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	ANNETTE ALLEN	251	STAR	ID	83669
5. Organized Under the Laws of: ID W 35393		6. Annual Report must be signed.* Signature: Annette Allen Name (type or print): Annette Allen Date: 01/05/2017 Title: Manager			
Processed 01/05/2017		* Electronically provided signatures are accepted as original signatures.			