No. <b>W 20903</b>		Due no later than Oct 31, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LUKINS AND ANNIS PS 601 E FRONT AVE STE 502 COEUR D'ALENE ID 83814			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NIELSON VENTURES, LLC C/O THOMAS M CULBERTSON LUKINS & ANNIS PS 717 W SPRAGUE AVE STE 1600 SPOKANE WA 99201-0466						
				3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JEFFREY G	NIELSON	1790 CEDAR VALLEY LN		COLORADO SPRINGS	CO		80919
MANAGER	JAY E NIELS	SON	P.O. BOX 2515		CODY	WY	USA	82414
5. Organized Under the Laws of:  6. Annual Report must be signed.*								
ID W 20903		Signature: Jeffrey G Nielson			Date: 09/19/2018			
		Name (type or print): Jeffrey G Nielson			Title: Manager			
Processed 09/19/2018 * Electronically provided signatures are accepted as original signatures.								