

No. W 169415	Due no later than Jul 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TERESA L MARSHALL 6925 E MULLAN TRAIL RD COEUR D ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SURFSUP LLC TERESA L MARSHALL 6925 E MULLAN TRAIL RD COEUR D ALENE ID 83814		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	TERESA Marshall 6925E. mullan Trail Rd COA ID. 83814					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	David Marshall 6925E. mullan Trail Rd. COA ID. 83814					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 169415 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u><i>Teresa Marshall</i></u> </td> <td style="width: 40%;"> Date: <u>7-5-18</u> </td> </tr> <tr> <td> Name (type or print): <u>TERESA Marshall</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table>	Signature: <u><i>Teresa Marshall</i></u>	Date: <u>7-5-18</u>	Name (type or print): <u>TERESA Marshall</u>	Title: <u>OWNER</u>
Signature: <u><i>Teresa Marshall</i></u>	Date: <u>7-5-18</u>				
Name (type or print): <u>TERESA Marshall</u>	Title: <u>OWNER</u>				

Issued 06/18/2018 by SLD
132179