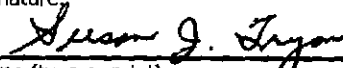
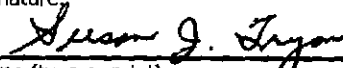
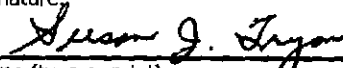


<b>No. W 80101</b>	<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SUSAN J TRYON TRUSTEE 209 PARKWAY DR KETCHUM ID 83340																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> 200 SIXTH STREET EAST, LLC SUSAN J TRYON PO BOX 3489 KETCHUM ID 83340		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 25%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Susan J. Tryon</td> <td>P.O. Box 3489</td> <td>Ketchum Id.</td> <td>USA</td> <td></td> <td>83340</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Susan J. Tryon	P.O. Box 3489	Ketchum Id.	USA		83340	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 80101</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:   </td> <td style="width: 40%;">           Date:            11-7-2017         </td> </tr> <tr> <td>           Name (type or print):            Susan J. Tryon         </td> <td>           Title:            Manager         </td> </tr> </table>		Signature: 	Date: 11-7-2017	Name (type or print): Susan J. Tryon	Title: Manager																															
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Issued 10/31/2017 by SAT		107505																																				