

No. <b>W 160698</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  STORYREEL LLC EVELYN SMITH 761 BRENT DR MOSCOW ID 83843		EVELYN SMITH 761 BRENT DR MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name EVELYN SMITH	Street or PO Address 761 BRENT DR.		City MOSCOW	State ID	Country	Postal Code 83843
5. Organized Under the Laws of:  <b>ID</b> <b>W 160698</b>		6. Annual Report must be signed.*  Signature: Evelyn Smith Name (type or print): Evelyn Smith  Date: 11/21/2016 Title: Manager					
Processed 11/21/2016 * Electronically provided signatures are accepted as original signatures.							