No. <b>W 164443</b>		Due no later than Mar 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  00, LLC. 2136 EILEEN RD MOYIE SPRINGS ID 83805  2. Registered Agent and Address (NO BRUCE BEHRMAN 2136 EILEEN RD MOYIE SPRINGS ID 83805  3. New Registered Agent Signature:*		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  4. Limited Liability Companies: Enter Nar		mos and Addresses of a	Lloact one Member or Manager				
Office Held	Name	illes alla Adalesses ol a	Street or PO Address	City	State	Country	Postal Code
MANAGER			2136 EILEEN RD	MOYIE SPRINGS	ID	USA	83845-5127
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Bruce Behrman		Date: 04/28/2017			
W 164443		Name (type or print): Bruce Behrman		Title: Manager			
Processed 04/28/2017 * Electronically provided signatures are accepted as original signatures.							