No. C 215574 Return to:	Due no later than Oct 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. MONCARR WORX, INC. AMANDA L MONCARR 3214 PARKVIEW WAY NAMPA ID 83687		2.	2. Registered Agent and Address (NO PO BOX) AMANDA L MONCARR 3214 PARKVIEW WAY NAMPA ID 83687 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busi	ness Addresses of Pres	sident, Secretary, and Directors. Trea	asurer (op	itional).			
Office Held Name		Street or PO Address	(City	State	Country	Postal Code
PRESIDENT AMANDA L	AYNE MONCARR	3214 PARKVIEW WAY	١	NAMPA	ID	USA	83687
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Amanda Moncarr			Date: 08/28/2018			
C 215574	Name (type or print): Amanda Moncarr			Title: Owner			
Processed 08/28/2018	* Electronically provided signatures are accepted as original signatures.						