No. W 115920 Return to:		Due no later than Jul 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHELLE ALDEN LLC MICHELLE ALDEN 2399 S. ORCHARD SUITE 201 BOISE ID 83705			2. Registered Agent and Address (NO PO BOX) MICHELLE ALDEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				BOISE ID	4425 S TABLERIDGE WAY BOISE ID 83716 3. New Registered Agent Signature:*			
4. Limited Liability Comp	anies: Enter Nai	nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MICHELLE ALDEN		LDEN	4425 S TABLERIDGE WAY	BOISE	ID	USA	83716	
5. Organized Under the Laws of: ID W 115920		6. Annual Report must be signed.* Signature: Michelle Alden			Date: 08/04/2016			
		Name (type or print)		Title: Owner				
Processed 08/04/2016 * Electronically provided signatures are accepted as original signatures.								