No. W 179456		Due no later than Mar 31, 2018 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:			= 1070 MAGT	MILAN PROKES, JR. 1870 MASTERS DR				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		IPM UNIVERSA MILAN P. PR 1870 MASTER		IDAHO FALL	IDAHO FALLS ID 83401-3139 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHANNA L GLOVER		1870 MASTERS DR.	IDAHO FALLS	ID	USA	83401-3139	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Milan P. Prokes Jr		D	Date: 02/27/2018			
W 179456		Name (type or print): Milan P. Prokes Jr		T	Title: Owner/Operator			
Processed 02/27/2018		* Electronically provided signatures are accepted as original signatures.						