No. <b>W 28253</b>	Due no later than Jan 31, 2018	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	KRYSTI CLIFT
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  LN537, LLC  JOHN F. MAGNUSON  1250 NORTHWOOD CENTER CT  SUITE A	1250 NORTHWOOD CENTER CT SUITE A COEUR D'ALENE ID 83814  3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE	COEUR D'ALENE ID 83814	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.		
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER JOHN F MANAGER JAMES D N		COEUR D'ALENE ID 83816-2350 COEUR D'ALENE ID 83815
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: John F. Magnuson	Date: 11/30/2017
W 28253	Name (type or print): John F. Magnuson	Title: Managing Member
Processed 11/30/2017	* Electronically provided signatures are accepted as original signatures.	