

No. W 142383		Due no later than Sep 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NELSONSPAD LLC. LISA NELSON 2533 FREELAND DR COEUR D ALENE ID 83815		LISA NELSON 2533 FREELAND DR COEUR D ALENE ID 83815	
				3. <u>New</u> Registered Agent Signature:*	
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	LISA NELSON	2533 FREELAND DR.	COEUR D ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 142383		6. Annual Report must be signed.* Signature: Lisa Nelson Date: 08/11/2016 Name (type or print): Lisa Nelson Title: Manager			
Processed 08/11/2016		* Electronically provided signatures are accepted as original signatures.			