

No. <b>W 136137</b>		Due no later than Mar 31, 2018		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ARLENES BOOKKEEPING LLC ARLENE DEMPSAY PO BOX 119 PAUL ID 83347		ARLENE DEMPSAY 112 S 632 LN W PAUL ID 83347			
				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	
MEMBER	ARLENE DEMPSAY	PO BOX 119	PAUL	ID	USA	83347	
5. Organized Under the Laws of:  <b>ID W 136137</b>		6. Annual Report must be signed.* Signature: ARLENE DEMPSAY Name (type or print): ARLENE DEMPSAY Date: 01/22/2018 Title: MEMBER					
Processed 01/22/2018		* Electronically provided signatures are accepted as original signatures.					