No. **W 142125**	**Due no later than Sep 30, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CONCEPTS RESTAURANT DESIGN GROUP, LLC 198 LOCUST ST S TWIN FALLS ID 83301	TIM CARROLL 198 LOCUST ST S TWIN FALLS ID 83301 3. New 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	TIM CARROLL	198 LOCUST ST S	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 142125**	Signature: TIMOTHY CARROLL Name (type or print): TIMOTHY CARROLL	Date: 07/25/2017 Title: MANAGER

Processed 07/25/2017

* Electronically provided signatures are accepted as original signatures.