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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|---------------------|
| No. <b>W 43773</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2017</b>                                                                                                                                                           |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>                      |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PACIFIC DESIGN LLC<br>MICHAEL D ABBOTT<br>945 SOUTHEAST HAMILTON RD<br>MOUNTAIN HOME ID 83647 |               | MICHAEL D ABBOTT<br>945 SOUTHEAST HAMILTON RD<br>MOUNTAIN HOME ID 83647 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                                 |               | 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                                                                                                                                                 | MICHAEL D ABBOTT | 945 SOUTHEAST HAMILTON RD                                                                                                                                                                       | MOUNTAIN HOME | ID                                                                      | 83647               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 43773</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Michael D Abbott<br>Name (type or print): Michael D Abbott<br>Date: 08/18/2017<br>Title: Mgr Member                                             |               |                                                                         |                     |
| Processed 08/18/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |               |                                                                         |                     |