

No. W 170157 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. ELVA STREET LLC CINDY TUCKETT 772 E KINSWOOD IDAHO FALLS ID 83404	2. Registered Agent and Office (NOT A P.O. BOX) CINDY TUCKETT 772 E KINSWOOD IDAHO FALLS ID 83404 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>CINDY TUCKETT</td><td>772 E. KINSWOOD</td><td>IDAHO FALLS</td><td>ID</td><td></td><td>83404</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CINDY TUCKETT	772 E. KINSWOOD	IDAHO FALLS	ID		83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 170157	6. Signature: <u>Cindy Tuckett</u> Date: <u>9/20/17</u> Name (type or print): <u>CINDY TUCKETT</u> Title: <u>MANAGER</u>																																				