No. W 71121		Due no later than Feb 28, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL J SWOPE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EAST END, LLC MICHAEL J SWOPE 2244 SWALLOWTAIL BOISE ID 83706			2244 SWALLOWTAIL BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MICHAEL J	SWOPE	2244 SWALLOWTAIL		BOISE	ID		83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael J Swope			Date: 12/23/2016			
W 71121		Name (type or print): Michael J Swope			Title: Manager			
Processed 12/23/2016 * Electronically provided signatures are accepted as original signatures.								