No. W 152430		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DAVID W DICKERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	D & G VENTI DAVID W D		2029 MOUNTAIN VIEW CIRCLE TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS	TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Ent	er Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DAVID DICKERSON		2029 MOUNTAIN VIEW CIRCLE	TWIN FALLS	ID		83301	
5. Organized Under the Laws of: 6. Annual Repo		ort must be signed.*					
ID Signatur		BOB WELLS Date: 07/19/2018					
W 152430	Name (type	Name (type or print): BOB WELLS		Title: ACCOUNTANT			
Processed 07/19/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					