No. W 11959		Due no later than May 31, 2017		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT N	ROBERT N GALE 5022 N. DECATUR DR. BOISE ID 83704 3. New Registered Agent Signature:*			
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. A & R ENTERPRISES LLC ROBERT N GALE PO BOX 4381 BOISE ID 83711 USA		BOISE ID				
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	ROBERT N GALE ANGELA HAM-GALE		5022 N. DECATUR DR. 5022 N. DECATUR DR.	BOISE BOISE	ID ID	USA	83704 83704	
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
ID W 11959		Signature: Robert Gale		Date: (Date: 03/21/2017			
		Name (type or print): Robert Gale		Title:	Title: Managing partner			
Processed 03/21/2017		* Electronically pro	ovided signatures are accepted as origin	al signatures.				