No. W 170059			Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. VLAD, LLC EVAN ROTH 236 RIVER VISTA PL STE 301 TWIN FALLS ID 83301		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		VLAD, LLC EVAN RO 236 RIVER			EVAN ROTH 236 RIVER VISTA PL STE 301 TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		Names and Addr	esses of at least one Member or Manager						
Office Held	Name	Names and Addit	Street or PO Address	•	City	State	Country	Postal Code	
MEMBER	JASON VICK		865 TROTTER		TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*						
ID		Signature	Signature: Evan Roth		Date: 06/28/2017				
W 170059		Name (typ	Name (type or print): Evan Roth			Title: Attorney for Entity			
* Electronically provided signatures are accepted as original signatures.									