

No. <b>W 84812</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  VELOCIMAX WIRELESS LLC TIM PLASS 5853 E POLELINE AVE POST FALLS ID 83854		TIMOTHY M PLASS 5853 E POLELINE AVE POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	TIMOTHY M PLASS	5853 E. POLELINE AVE.	POST FALSS	ID	USA	83854-5945	
MEMBER	JULIA A PLASS	5853 E. POLELINE AVE.	POST FALLS	ID	USA	83854-5945	
MEMBER	JACOB C HUSS	5853 E. POLELINE AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID</b> <b>W 84812</b>		6. Annual Report must be signed.*  Signature: Timothy Plass Name (type or print): Timothy Plass					
		Date: 07/25/2017 Title: Manager					
Processed 07/25/2017      * Electronically provided signatures are accepted as original signatures.							