No. <b>W 140205</b>		Due no later than Aug 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 400 000 00 1000000000000000000000000	BRIAN A BARRY DC			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PIZZA SHOPPE, SALMON LLC (THE) THE PIZZA SHOPP 519 MAIN ST SALMON ID 83467		SALMON ID	1911 MAIN ST SALMON ID 83467  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	JERRY LEE	RODGERS	345 WEST ELKHORN RD	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: jerry rodgers			Date: 10/20/2017			
W 140205		Name (type or print): jerry rodgers			Title: owner			
Processed 10/20/2017	* Electronically provided signatures are accepted as original signatures.							