

No. W 142411	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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.		SHAWN KIMMELL 4787 S CHOCTAW AVE BOISE ID 83709			
	FIVE YEAR PLAN LLC SHAWN KIMMELL 4787 S CHOCTAW AVE BOISE ID 83709		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
MEMBER	SHAWN KIMMELL	4787 S CHOCTAW AVE	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 142411		6. Annual Report must be signed.* Signature: Shawn Kimmell Name (type or print): Shawn Kimmell		Date: 08/11/2017 Title: Member		
Processed 08/11/2017		* Electronically provided signatures are accepted as original signatures.				