

No. W 69024	Due no later than Nov 30, 2016 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. SCHERR L.L.C. LESTER E SCHERR 333 BIRCH HAVEN DR SAGLE ID 83860		LESTER E SCHERR 333 BIRCH HAVEN DR SAGLE ID 83860			
			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	LESTER E SCHERR	333 BIRCH HAVEN DR	SAGLE	ID		83860
MANAGER	CONSTANCE M SCHERR	333 BIRCH HAVEN DR	SAGLE	ID		83860
5. Organized Under the Laws of: ID W 69024	6. Annual Report must be signed.* Signature: lester e scherr Name (type or print): lester e scherr		Date: 10/01/2016 Title: manager			
Processed 10/01/2016		* Electronically provided signatures are accepted as original signatures.				