

No. <b>W 40986</b>		<b>Due no later than Jul 31, 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>  412 ROAN HOUSE, LLC JAMES W MECHAM PO BOX 3119 TWIN FALLS ID 83303-3119		JAMES W MECHAM 412 MAIN AVE N TWIN FALLS ID 83301		
<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 MANAGER	Name JAMES W MECHAM	Street or PO Address 412 MAIN AVE N	City TWIN FALLS	State ID	Country	Postal Code 83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 40986</b>		6. Annual Report must be signed.*  Signature: James Mecham Name (type or print): James Mecham  Date: 06/30/2017 Title: Owner				
Processed 06/30/2017 * Electronically provided signatures are accepted as original signatures.						