No. **W 15068**	**Due no later than Apr 30, 2018**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** HOLST FAMILY MANAGEMENT, LLC SHAUNA L HOLST PO BOX 486 UCON ID 83454-0486	SHAUNA HOLST 10126 N YELLOWSTONE IDAHO FALLS ID 83401 3. New 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	JON HOLST	PO BOX 486	UCON	ID	USA	83454
MANAGER	SHAUNA LEE HOLST	P.O. BOX 486	UCON	ID	USA	83454

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 15068**	Signature: Shauna L Holst	Date: 03/28/2018
	Name (type or print): Shauna L Holst	Title: manager

Processed 03/28/2018

* Electronically provided signatures are accepted as original signatures.