




No. J 744	Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LINDA D WOODCOCK 371 W RIVER ST UNIT 5 KETCHUM ID 83340
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALEXACON LLP PO BOX 3127 KETCHUM ID 83340		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Partners	Name	Street or PO Address	City	State	Country	Postal Code
manager	Linda D. Woodcock	P.O. Box 3127	Ketchum,	Id.		83340
partner	Kirsten H. Terna	P.O. Box 3127	Ketchum,	Id.		83340
partner	Lindsey A. Woodcock	P.O. Box 3127	Ketchum,	Id.		83340

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO J 744</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> Signature:  <hr/> Name (type or print): LINDA D. WOODCOCK </td> <td style="width: 40%; vertical-align: top;"> Date: 2/9/17 Title: manager </td> </tr> </table>	Signature:  <hr/> Name (type or print): LINDA D. WOODCOCK	Date: 2/9/17 Title: manager
Signature:  <hr/> Name (type or print): LINDA D. WOODCOCK	Date: 2/9/17 Title: manager		

Issued 01/30/2017 by SLD
101579

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM