| No. W 131764 | | Due no later than Dec 31, 2017 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--------------------------------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | RANDALL L STAMPER 1285 FLORENCE AVE TWIN FALLS ID 83301 | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | | | | | |
| | | JEFF & SHAWNA MILLER, LLC SHAWNA MILLER PO BOX 869 SPOKANE WA 99210 | | | TWINTALES ID 65501 | | | |
| | | | | | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: E | nter Nam | nes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held Nam | e | | Street or PO Address | | City | State | Country | Postal Code |
| | WNA MIL | | P.O. BOX 869 | | SPOKANE | WA | USA | 99210 |
| MANAGER JEFF | JEFFREY S MILLER | | P.O. BOX 869 | | SPOKANE | WA | USA | 99210 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Shawna Miller | | | Date: 11/14/2017 | | | |
| W 131764 | | Name (type or print): Shawna Miller | | | Title: Manager | | | |
| Processed 11/14/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |