

No. W 167001		Due no later than May 31, 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. SICK YO LLC 813 E MONTANA AVE COEUR D'ALENE ID 83814		CHAD RILEY 813 E MONTANA AVE COEUR D'ALENE ID 83814-8381	
				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
MEMBER	CHRISTY RILEY	813 E MONTANA AVE.	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 167001		6. Annual Report must be signed.* Signature: Chad Riley Name (type or print): Chad Riley Date: 03/21/2017 Title: Owner			
Processed 03/21/2017		* Electronically provided signatures are accepted as original signatures.			