No. W 101753 Return to:			Due no later than Mar 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHALS, LLC. SCOTT MICHALS 3225 8TH ST LEWISTON ID 83501-4854 USA			2. Registered Agent and Address (NO PO BOX) SCOTT MICHALS 3225 8TH ST LEWISTON ID 83501-4854 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		MICHALS, I SCOTT MI 3225 8TH S							
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
200	anies: Enter	r Names and Addre	esses of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER	SCOTT	MICHALS	3225 8 STREET		LEWISTON	ID	USA	83501-4854	
5. Organized Under the Laws of:		6. Annual Rep	6. Annual Report must be signed.*						
ID		Signature:	Signature: Scott Michals			Date: 01/23/2018			
W 101753		Name (type	Name (type or print): Scott Michals			Title: Manager			
Processed 01/23/2018 * Electronically provided signatures are accepted as original signatures.									