No. W 111350 Return to:		Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX) CRAIG MILES 3081 S. TRABUCO BOISE ID 83709 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ZEROREZ BOISE, LLC CRAIG MILES 21 VISTA DR MORGAN UT 84050	BOISE ID 8				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Com	ipanies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CRAIG MILES	S 21 VISTA DR.	MORGAN	UΤ	USA	84050	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Craig Miles	Date: 01/24/2017				
W 111350		Name (type or print): Craig Miles	Title: Managing Member				
Processed 01/24/2017 * Electronically provided signatures are accepted as original signatures.							