No. <b>W 140472</b>		Due no later than Jul 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALOHA TETON LLC KARIN WERTHEIM 851 PIUTE ST DRIGGS ID 83422		2. Registered	2. Registered Agent and Address (NO PO BOX)  KARIN WERTHEIM 851 PIUTE ST DRIGGS ID 83422  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				851 PIUTE DRIGGS II				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter N	ames and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	WILLIAM 7	JALBERT	454 Laulea Place	PAIA	HI	USA	96779	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: W		Date: 05/22/2018				
W 140472		Name (type or print): William T. Jalbert Title: Manager						
Processed 05/22/2018		* Electronically p	provided signatures are accepted as origin	al signatures.		*****		