

No. W 70777	Due no later than Jan 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. ATFAB, LLC CHARLES TAYLOR 719 2ND AVE EAST TWIN FALLS ID 83301		CHARLES TAYLOR 719 2ND AVE EAST TWIN FALLS ID 83301			
			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
MANAGER	CHARLES TAYLOR	719 2ND AVE EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 70777	6. Annual Report must be signed.* Signature: Charles Taylor Name (type or print): Charles Taylor		Date: 12/15/2016 Title: Manager			
Processed 12/15/2016		* Electronically provided signatures are accepted as original signatures.				