

No. <b>W 72437</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CRAFTSMAN CENTER, LLC CARLOS SUAREZ JR 1205 TRIANGLE DR PONDERAY ID 83852		CARLOS SUAREZ JR 1205 TRIANGLE DR PONDERAY ID 83852			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CARLOS SUAREZ JR	PO BOX 804	SANDPOINT	ID	83864		
MANAGER	JACQUELINE SUAREZ	PO BOX 804	SANDPOINT	ID	83864		
5. Organized Under the Laws of:  <b>ID</b> <b>W 72437</b>		6. Annual Report must be signed.*  Signature: Carlos Suarez Jr Name (type or print): Carlos Suarez Jr					
		Date: 01/23/2017 Title: Manager					
Processed 01/23/2017 * Electronically provided signatures are accepted as original signatures.							