No. W 91367		Due no later than Mar 31, 2017	2. Registered Agent and Address (NO PO BOX) JOEL PHILLIPS 275 S. 5TH AVE STE 151 POCATELLO ID 83201 3. New Registered Agent Signature:*				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CENTERPOINT CAPITAL PARTNERS LLC JOEL PHILLIPS PO BOX 2986 POCATELLO ID 83206					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Con	npanies: Enter Nan	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOEL PHILLIP	PO BOX 2986	POCATELLO	ID	USA	83206	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: JOEL PHILLIPS	Date: 01/28/2017				
W 91367		Name (type or print): JOEL PHILLIPS	Title: MEMBER				
Processed 01/28/2017	* Electronically provided signatures are accepted as original signatures.						