No. <b>W 124767</b>		Due no later than Apr 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.			CHADD VAN KOMEN 5210 GREEN VALLEY PL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		HOLSTERLAB L CHADD BRIAN 5210 GREEN V NAMPA ID 83	LC Van Komen Alley Pl	NAMPA ID	NAMPA ID 83686  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CHADD B V		an Komen	5210 GREEN VALLEY PL	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cha		Date: 02/24/2018				
W 124767		Name (type or	print): Chadd vanKomen		Title: Co-founder			
Processed 02/24/2018 * Electronically provided signatures are accepted as original signatures.								