

No. W 147289		Due no later than Feb 28, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. COCHRAN ENTERPRISES LLC PATRICK COCHRAN 3030 S MAIN ST MOUNTAIN HOME ID 83647		KRISTA COCHRAN 3030 S MAIN ST MOUNTAIN HOME ID 83647	
				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
MEMBER	KRISTA COCHRAN	3030 S MAIN STREEET	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 147289		6. Annual Report must be signed.* Signature: Krista Cochran Name (type or print): Krista Cochran Date: 04/26/2017 Title: Agent			
Processed 04/26/2017		* Electronically provided signatures are accepted as original signatures.			