No. <b>W 98868</b>		Due no later than Dec 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MAVERICK CONSULTING, LLC SABRINA FERRIS 1967 ALDER CREEK LOOP RD ST MARIES ID 83861		2. Registered A	2. Registered Agent and Address (NO PO BOX)  NICHOLAS FERRIS 1967 ALDER CREEK LOOP RD ST MARIES ID 83861  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1967 ALDER ST MARIES				
NO FILING FE RECEIVED BY DU	JE DATE	mes and Address	ses of at least one Member or Manager.					
Office Held Name		mes and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	SABRINA FERRIS NICHOLAS FERRIS		1967 ALDER CREEK LOOP 1967 ALDER CREEK LOOP	ST. MARIES ST. MARIES	ID ID	USA USA	83861 83861	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 98868		Signature: Sabrina Ferris			Date: 11/02/2016			
		Name (type	or print): Sabrina Ferris		Title: Member			
Processed 11/02/2016		* Electronically	provided signatures are accepted as origina	al signatures.				