

No. <b>W 106096</b>		<b>Due no later than Aug 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>  FAMILY SEASONS, LLC LYNNELLE KING PO BOX 2681 EAGLE ID 83616		LYNNELLE K KING 1102 N. ARLINGTON DR. EAGLE ID 83616			
<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 MANAGER	Name LYNNELLE KING	Street or PO Address PO BOX 2681		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 106096</b>		6. Annual Report must be signed.*  Signature: Lynnelle King Name (type or print): Lynnelle King  Date: 07/24/2017 Title: Owner					
Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures.							