

No. W 146854	Due no later than Jan 31, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. 502 N. MAIN, LLC WILLIAM D OLSON 502 N MAIN ST HAILEY ID 83333		WILLIAM D OLSON 514 N 1ST AVE HAILEY ID 83333			
			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
MANAGER	WILLIAM D OLSON	514 N 1ST AVE	HAILEY	ID	USA	83333
5. Organized Under the Laws of: ID W 146854		6. Annual Report must be signed.* Signature: William D. Olson Name (type or print): William D. Olson		Date: 02/17/2017 Title: Manager		
Processed 02/17/2017		* Electronically provided signatures are accepted as original signatures.				