No. W 25620		Due no later than Aug 31, 2017		2. 1	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			FRED K O'BRIEN 1491 PINE LAKES RANCH DR CASCADE ID 83611 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CONSOLIDATED ENTERPRISES, L.L.C. FRED K O'BRIEN 1491 PINE LAKES RANCH DR CASCADE ID 83611						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	npanies: Enter Nai	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	С	ity	State	Country	Postal Code
MANAGER FRED K O'B		RIEN	1491 PINE LAKES RANCH DR	C,	ASCADE	ID	USA	83611
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Fred K. O'Brien			Date: 07/11/2017			
W 25620		Name (type or print): Fred K. O'Brien			Title: Manager			
Processed 07/11/2017 * Electronically provided signatures are accepted as original signatures.								