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|--|------------------|--|---------|--|---------|------------------|--|
| No. W 179318 | | Due no later than Mar 31, 2018 | | 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. ANDERSEN LLC 39 PROFESSIONAL PLAZA REXBURG ID 83440 | | DRAESEN ANDERSEN 260 W 1ST N APT 3202 REXBURG ID 83440 | | | |
| | | | | 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 | DRAESEN ANDERSEN | 260 W 1ST N APT 3202 | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 179318 | | Signature: DRAESEN ANDERSEN | | | | Date: 01/23/2018 | |
| | | Name (type or print): DRAESEN ANDERSEN | | | | Title: MEMBER | |
| Processed 01/23/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |