No. W 128024 Return to:		Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. 615 MAIN ST LLC JOSEPH LOMBARDO 615 MAIN ST CALDWELL ID 83605		2. Registered Agent and Address (NO PO BOX) JOSEPH LOMBARD 615 MAIN ST CALDWELL ID 83605 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	615 MAIN S JOSEPH LOI 615 MAIN S						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	LOMBARDO	615 MAIN ST	CALDWELL	ID	USA	83605	
MEMBER PEGGY	LOMBARDO	615 MAIN ST	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: 6. Annu		5. Annual Report must be signed.*					
ID	Signature: j	Signature: joseph lombardo		Date: 08/25/2017			
W 128024	Name (type	Name (type or print): joseph lombardo		Title: manger			
Processed 08/25/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					