No. W 97189		Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		A WAYNE MITTLEIDER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CONDOMINI SERVICE, LL	1. Mailing Address: Correct in this box if needed. CONDOMINIUM CERTIFICATE OF INSURANCE DELIVERY SERVICE, LLC KIRKLYN R SMITH 1880 W JUDITH LN STE 220 BOISE ID 83705		1880 W JUDITH LN STE 220 BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	
MEMBER KIRKLY	N R SMITH	1880 W. JUDITH LANE STE. 220	BOISE	ID	USA	83705	
5. Organized Under the Laws of: 6. Annual Report r		ort must be signed.*					
NV	Signature: I	Signature: Kirklyn R. Smith		Date: 08/20/2018			
W 97189	Name (type	Name (type or print): Kirklyn R. Smith		Title: member			
Processed 08/20/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					