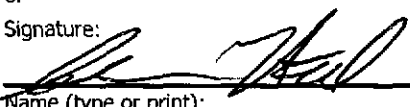
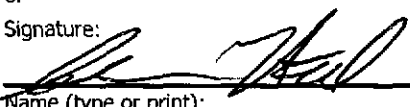
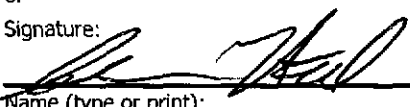


No. <b>W 111675</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALAN M HEEL 2671 W POLELINE AVE POST FALLS ID 83854  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">ALAN HEEL 2671 W POLELINE POST ID. USA 83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">FALLS,</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ALAN HEEL 2671 W POLELINE POST ID. USA 83854						Manager <input type="checkbox"/> Member <input type="checkbox"/>	FALLS,						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 111675</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:             Name (type or print): <u>ALAN HEEL</u> </td> <td style="width: 40%;">           Date: <u>3/15/18</u>            Title: <u>MANAGER</u> </td> </tr> </table>		Signature:  Name (type or print): <u>ALAN HEEL</u>	Date: <u>3/15/18</u> Title: <u>MANAGER</u>																																	
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