No. **W 82422**	**Due no later than Mar 31, 2018** **Annual Report Form**	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.** CAPRI, LLC CURTIS C WARD 428 SAGEBRUSH DR TWIN FALLS ID 83301	CURTIS C WARD 428 SAGEBRUSH DR TWIN FALLS ID 83301 3. New 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	DAWNE WARD	428 SAGEBRUSH DR	TWIN FALLS	IG	USA	83301
MEMBER	CURTIS C WARD	428 SAGEBRUSH DR	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 82422**	Signature: ccw	Date: 02/21/2018
	Name (type or print): ccw	Title: member

Processed 02/21/2018

* Electronically provided signatures are accepted as original signatures.