No. **W 128808**	**Due no later than Sep 30, 2016** **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.** SECOND CHANCE, LLC C/O CINDY POVLSEN 341 W 400 S HEYBURN ID 83336	CINDY POVLSEN 341 W 400 S HEYBURN ID 83336 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
MANAGER	CINDY L POVLSEN	341 W 400 S	HEYBURN	ID	USA	83336

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 128808**	Signature: Cindy Povlsen	Date: 07/26/2016
	Name (type or print): Cindy Povlsen	Title: President

Processed 07/26/2016

* Electronically provided signatures are accepted as original signatures.