No. W 102182 Return to:		Due no later than Apr 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. SYS CABIN, LLC C/O G HOWARD UTZMAN ATTORNEY PO BOX 604 PULLMAN WA 99163-0604			2. Registered Agent and Address (NO PO BOX) JULIE SIMPSON 809 S LOGAN ST MOSCOW ID 83843-0604 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				MOSCOW ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHARLES A	SIMPSON	3990 SW LAFOLLETT RD	CORNELIUS	OR	USA	97113	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: cha		Date: 05/29/2018				
W 102182		Name (type or		Title: Member				
Processed 05/29/2018 * Electronically provided signatures are accepted as original signatures.								