


No. <b>W 103968</b>	Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHACE ARFMANN 2312 N COLE RD SUITE H BOISE ID 83704																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FOUR SEASONS INSULATION LLC DOUGLAS C ARFMANN 2312 N COLE RD SUITE H BOISE ID 83704		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Douglas Arfmann</td> <td>2434 W Quintale Dr,</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83646</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sadie Arfmann</td> <td>"</td> <td>Same</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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"/>	Douglas Arfmann	2434 W Quintale Dr,	Meridian	ID	USA	83646	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Sadie Arfmann	"	Same	"	"	"	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:  IDAHO W 103968		6. Signature:  Date: 8/20/18 Name (type or print): Douglas "Chace" Arfmann Title: Owner																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM