| No. W 36128 | | Due n | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|--|---|---|---------|----------------|--|
| Return to: | | Annual Report Form | | CHRISTOP | CHRISTOPHER J PECORARO | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PINE BUSINESS CENTER, LLC CHRISTOPHER J PECORARO 372 S. EAGLE ROAD SUITE 333 EAGLE ID 83616 | | EAGLE ID | 372 S. EAGLE ROAD SUITE 333 EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 2 (022 12 00010 | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER | CHRISTOPHER J PECORARO JANICE MARIE PECORARO | | 570 N COVE COLONY WAY 570 N COVE COLONY WAY | EAGLE EAGLE | ID ID | | 83616 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 36128 | | Signature: Janice M Pecoraro | | | Date: 01/10/2018 | | | |
| | | Name (type or pri | | Title: member | | | | |
| Processed 01/10/2018 | | * Electronically provide | ded signatures are accepted as origina | al signatures. | | | | |