No. W 14160		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1. Mailing	Annual Report Form 1. Mailing Address: Correct in this box if needed. ETCO SERVICES, LLC HOWARD L RUDE 6426 MAPLEWOOD POST FALLS ID 83854-6898		HOWARD L RUDE 6426 E MAPLEWOOD POST FALLS ID 83854-6898 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Howard L 6426 Maple						
NO FILING FEE IF RECEIVED BY DUE DATE	POST FALLS						
4. Limited Liability Companies: En	ter Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER HOWA	RD L RUDE	6426 E MAPLEWOOD AVE	POST FALLS	ID		83854-6898	
MEMBER DELVC	NA R RUDE	6426 E MAPLEWOOD AVE	POST FALLS	ID		83854-6898	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature:	Signature: DELVONA Date: 11/23/2016					
W 14160	Name (type	Name (type or print): DELVONA Title: MEMBER					
rocessed 11/23/2016 * Electronically provided signatures are accepted as original signatures.							