


No. W 185346	Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KYLE STRINGER 9252 W OSPREY MEADOWS DR BOISE ID 83714
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. ONE ALPHA CAPITAL LLC KYLE STRINGER 9252 W OSPREY MEADOWS DR BOISE ID 83714		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kyle Stringer	9252 W. Osprey Meadows Dr.	Boise ID USA 83714
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amy Stringer	9252 W. Osprey Meadows Dr.	Boise ID USA 83714
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert Coslick	9252 W. Osprey Meadows Dr.	Boise ID USA 83714
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rhianna Coslick	9252 W. Osprey Meadows Dr.	Boise ID USA 83714
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 185346 </div>		6. Signature:  <hr/> Name (type or print): Kyle Stringer	
		Date: 7 JUN 2018 <hr/> Title: Co-Owner/Ag. Agent	