No. <b>W 145124</b>		Due no later than Dec 31, 2017		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE			al Report Form: Correct in this box if needed.	5161 REMEI AMMON ID	STACEY LEWIS 5161 REMEMBER DR AMMON ID 83406  3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: 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	STACEY LEMMON		5161 REMEMBER DR	AMMON	ID	USA	83406	
5. Organized Under the Laws of:  ID  W 145124		6. Annual Report must be signed.* Signature: Stacey Lemmon Name (type or print): Stacey Lemmon		Date: 11/04/2017 Title: Member				
Processed 11/04/2017 * Electronically provided signatures are accepted as original signatures.								