

No. W 33551		Due no later than Sep 30, 2017		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		Annual Report Form		CARLEEN PRATT 315 EAMESHORE DRIVE HOPE ID 83836			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		STARVATION ACRES, LLC CARLEEN DEBRA PRATT 315 EAMESHORE DR HOPE ID 83836 USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CARLEEN PRATT	315 EAMESHORE DRIVE	HOPE	ID	USA	83836	
MEMBER	CARL J PRATT	315 EAMESHORE DR	HOPE	ID	USA	83836	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 33551		Signature: Carleen Debra Pratt				Date: 11/05/2017	
		Name (type or print): Carleen Debra Pratt				Title: Manager	
Processed 11/05/2017		* Electronically provided signatures are accepted as original signatures.					