

No. W 55340		Due no later than Oct 31, 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 1. Mailing Address: Correct in this box if needed. KOVAC L.L.C. C/O KATHLEEN ROMA CPA 776 E RIVERSIDE DR STE 240 EAGLE ID 83616		JASON KOVAC 776 E. RIVERSIDE DRIVE SUITE 240 EAGLE ID 83616	
				3. <u>New</u> Registered Agent Signature: *	
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
MEMBER	JASON KOVAC	1119 E. STATE STREET	BOISE	ID	83712
5. Organized Under the Laws of: ID W 55340		6. Annual Report must be signed.* Signature: Jason Kovac Name (type or print): Jason Kovac Date: 08/23/2017 Title: Member			
Processed 08/23/2017		* Electronically provided signatures are accepted as original signatures.			