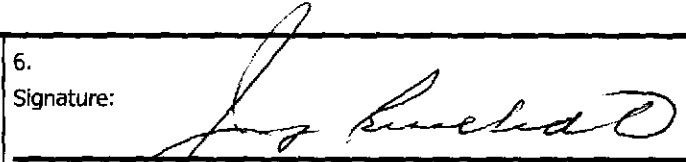


No. W 168308	Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JIMMY A BURKHARDT 3154 N BUNCHGRASS DR POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BURKHARDT FAMILY LLC JIMMY A BURKHARDT 3154 N BUNCHGRASS DR POST FALLS ID 83854		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"/>	Jimmy A. Burkhardt	3154 N. Bunchgrass Dr.	Post Falls,	ID,	USA	83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lisa A. Burkhardt	3154 N. Bunchgrass Dr.	Post Falls,	ID,	USA	83854
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 168308 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): Jimmy A. Burkhardt </div> <div style="width: 35%;"> Date: 5-10-17 <hr/> Title: member </div> </div>
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