

No. W 26699	Due no later than Nov 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. AIRCOOLED RESTORATION SPECIALISTS L.C. SEAN T MCCONNACHIE 5718 SYLVIA LN NAMPA ID 83687		SEAN MCCONNACHIE 5718 SYLVIA LN NAMPA ID 83687			
			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
MANAGER	SEAN T MCCONNACHIE	5718 SILVA LN	NAMPA	ID		83687
5. Organized Under the Laws of: ID W 26699		6. Annual Report must be signed.* Signature: Sean T McConnachie Name (type or print): Sean T McConnachie			Date: 09/19/2017 Title: Manager	
Processed 09/19/2017		* Electronically provided signatures are accepted as original signatures.				