

No. W 161335		Due no later than Jan 31, 2018 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		1. Mailing Address: Correct in this box if needed. US19, LLC THOMAS J ANGSTMAN 3649 N LAKEHARBOR LANE BOISE ID 83703		THOMAS J ANGSTMAN 3649 N LAKEHARBOR LANE BOISE ID 83703			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name THOMAS J. ANGSTMAN	Street or PO Address 3649 N. LAKEHARBOR LANE		City BOISE	State ID	Country USA	Postal Code 83703
5. Organized Under the Laws of: ID W 161335		6. Annual Report must be signed.* Signature: Thomas J. Angstman Name (type or print): Thomas J. Angstman Date: 12/20/2017 Title: Manager					
Processed 12/20/2017 * Electronically provided signatures are accepted as original signatures.							