

No. <b>W 150477</b>		<b>Due no later than Apr 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ALCS, LLC RYAN B. MEIKLE 1937 BOBWHITE DRIVE AMMON ID 83401		RYAN B. MEIKLE 1937 BOBWHITE DRIVE AMMON ID 83401			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 RYAN MEIKLE	Street or PO Address 1937 BOBWHITE DRIVE		City AMMON	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of:  <b>ID</b> <b>W 150477</b>		6. Annual Report must be signed.*  Signature: Ryan B. Meikle Name (type or print): Ryan B. Meikle  Date: 03/24/2017 Title: Manager					
Processed 03/24/2017 * Electronically provided signatures are accepted as original signatures.							