

No. <b>W 117790</b>		<b>Due no later than Oct 31, 2015</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>  517 MAIN, LLC THEODORE R STRONKS PO BOX 923 ASHTON ID 83420 USA		THEODORE R STRONKS 337 CHERRY ST ASHTON ID 83420			
<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 THEODORE R. STRONKS	Street or PO Address P.O. BOX 923		City ASHTON	State ID	Country USA	Postal Code 83420
5. Organized Under the Laws of:  <b>ID</b> <b>W 117790</b>		6. Annual Report must be signed.*  Signature: Theodore R. Stronks Name (type or print): Theodore R. Stronks  Date: 08/18/2015 Title: Manager					
Processed 08/18/2015      * Electronically provided signatures are accepted as original signatures.							