

No. W 89216		Due no later than Dec 31, 2016 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. SHARP FAMILY LLC MICHAEL W SHARP 14026 ROCHESTER DR BOISE ID 83713		MICHAEL SHARP 14026 ROCHESTER DR BOISE ID 83713			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHN W SHARP	711 E. COUNTRYSIDE LN	IDAHO FALLS	ID	USA	83404	
MANAGER	MICHAEL W SHARP	14026 ROCHESTER DRIVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 89216		6. Annual Report must be signed.* Signature: Michael Sharp Name (type or print): Michael Sharp					
		Date: 12/03/2016 Title: Manager					
Processed 12/03/2016 * Electronically provided signatures are accepted as original signatures.							