No. W 60387		Due no later than Mar 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. GT SHADOW LLC MICHELLE KRECZKOWSKI PO BOX 666		99 MULDOON BELLEVUE IE	MICHELLE KRECZKOWSKI 99 MULDOON CANYON RD BELLEVUE ID 83313			
NO FILING FEE IF RECEIVED BY DUE DATE		BELLEVUE ID 83313 mes and Addresses of at least one Member or Manager.		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
200	Name	nes and Addresses	Street or PO Address	City	State	Country	Postal Code	
MANAGER N	MICHELLE KRECZKOWSKI JOHN KRECZKOWSKI		PO BOX 666 PO BOX 666	BELLEVUE BELLEVUE	ID ID	USA	83313 83313	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 60387		Signature: Michelle Kreczkowski Date: 02/25/2017					,	
		Name (type or p		Title: Manager				
Processed 02/25/2017	d 02/25/2017 * Electronically provided signatures are accepted as original signatures.							