No. **W 107497**	**Due no later than Oct 31, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** 42 EDU LLC RASI 921 S ORCHARD STE G BOISE ID 83705	REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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
MEMBER	RON OLIVE	921 S. ORCHARD STE G	BOISE	ID	USA	83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 107497**	Signature: Ron Olive	Date: 09/17/2017
	Name (type or print): Ron Olive	Title: Member

Processed 09/17/2017

* Electronically provided signatures are accepted as original signatures.