No. W 150835	Du	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX) ALLYN G PHELPS			
Return to:							
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 PHELPS BROTH ALLYN G PHEL 128 S MAIN		ELPS	MONTPELIER	128 S MAIN ST MONTPELIER ID 83254-5105 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	MONTPELLER	ID 83254-5105	J. <u>New</u> Registere	su Agent 3	ignature.		
4. Limited Liability Companies: Ente	r Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KALEN PHELPS MANAGER RHETT C PHELPS MANAGER ALLYN G PHELPS		126 N 1ST E BENNINGTON 36 BENNINGTON CEMETERY RD 128 S MAIN ST	MONTPELIER MONTPELIER MONTPELIER	ID ID	USA USA USA	83254 83254-5148 83254	
5. Organized Under the Laws of: 6. Annual Report		t must be signed.*					
ъ	Signature: Al	Signature: Allyn G Phelps		Date: 05/24/2017			
W 150835	Name (type o	Name (type or print): Allyn G Phelps		Title: Mbr/Mgr			
Processed 05/24/2017	* Electronically provided signatures are accepted as original signatures.						