No. W 163541		Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. OX EYE, LLC PO BOX 136 EAGLE ID 83616		2. Registered	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				800 W MAII BOISE ID	UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702-8361 3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							Deeded Code	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVID M FA	ALLON	4336 W SUGARBERRY CT	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: DAVID M.		Date: 03/27/2017				
W 163541		Name (type or print)		Title: PRESIDENT				
Processed 03/27/2017 * Electronically provided signatures are accepted as original signatures.								