No. <b>W 188986</b>	Due no later than Sep 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	C T CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	A. FLORIO & ASSOCIATES, PLLC TIMOTHY BURNETTE 211 W WACKER DR #300	3. New Registered Agent Signature:*			
	CHICAGO IL 60606				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER JAMES AGOSTO 2450 MORRISON ST.		LITTLE CANADA	MN	USA	55117
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
тх	Signature: Timothy F Burnette	Date: 09/05/2018			
W 188986	Name (type or print): Timothy F Burnette	Title: Authorized Representative			
Processed 09/05/2018	* Electronically provided signatures are accepted as original signatures.				