No. W 35473 Return to:		Due no later than Dec 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. TIDE LLC SALLY B BROWN PO BOX 5848 BEND OR 97708			2. Registered Agent and Address (NO PO BOX) JAMES KOON 105 N. 1ST STREET COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				COEUR D'A				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	CHARLES B	ROWN	64755 SIMON RD	BEND	OR		97703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR W 35473		Signature: Sally B. Brown			Date: 11/08/2017			
		Name (type or pri		Title: member				
Processed 11/08/2017 * Electronically provided signatures are accepted as original signatures.								