

No. W 2857	Due no later than Sep 30, 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.		SHAWNA ALLEN 910 N. 17TH STREET BOISE ID 83702-8370			
			3. <u>New</u> 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
MANAGER	AVEST LIMITED PARTNERSHIP	910 N. 17TH ST.	BOISE	ID		83702
5. Organized Under the Laws of: ID W 2857		6. Annual Report must be signed.* Signature: Shawna Allen Name (type or print): Shawna Allen Date: 07/24/2017 Title: Manager				
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.				