No. W 22568		Due no later than Jan 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. LOCALLY OWNED RADIO, LLC LAWRENCE C JOHNSON 21361 HWY 30		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
Return to:				TO A STATE OF THE PARTY OF THE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
		TWIN FALLS ID 83301		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	WENDELL M		21361 HWY 30	TWIN FALLS	ID		83301	
	LAWRENCE (21361 HWY 30	TWIN FALLS	ID		83301	
MANAGER	STEPHANIE S	S JOHNSON	21361 HWY 30	TWIN FALLS	ID		83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Stephanie S Johnson Date: 11/23/2			2016			
W 22568		Name (type or print): Stephanie S Johnson Title: Business Manager						
Processed 11/23/2016 * Electronically provided signatures are accepted as original signatures.								