No. W 25620		Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		FRED K O'BRIEN				
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.		1491 PINE LAKES RANCH DR CASCADE ID 83611				
		CONSOLIDATED ENTERPRISES, L.L.C. FRED K O'BRIEN 1491 PINE LAKES RANCH DR CASCADE ID 83611 USA		CASCADE ID 03011				
				3. New Registered Agent Signature:*				
								4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.
Office Held Nam	е		Street or PO Address		City	State	Country	Postal Code
MANAGER FRED K O'B		RIEN	1491 PINE LAKES RANCH DR		CASCADE	ID	USA	83611
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 25620		Signature: Fred K. O'Brien			Date: 06/18/2018			
		Name (type or print): Fred K. O'Brien			Title: Manager			
Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures.								