No. <b>W 145662</b>		Due no later than Dec 31, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	CONTROL CONTRO	CADE KONEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if neede JABBOUR MANAGEMENT, LLC CADE KONEN 315 S ALMON ST MOSCOW ID 83843	MOSCOW	315 S ALMON ST MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Com	npanies: 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 JULIE JABBO		PO BOX 93741	LAS VEGAS	NV	USA	89193	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: cade konen Date: 10/31/2016					
W 145662		Name (type or print): cade konen	Title	Title: registered agent			
Processed 10/31/2016 * Electronically provided signatures are accepted as original signatures.							