No. <b>W 149097</b> Return to:		Due no later than Mar 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCFARLIN'S HANDYWORK, LLC TRACY MCFARLIN 601 NEYMAN ST SALMON ID 83467			2. Registered Agent and Address (NO PO BOX)  TRACY MCFARLIN 601 NEYMAN ST SALMON ID 83467  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				SALMON ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	iies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TRACY LEE	MCFARLIN	601 NEYMAN ST	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tracy McFarlin			Date: 04/13/2018			
W 149097		Name (type or		Title: President				
Processed 04/13/2018	3/2018 * Electronically provided signatures are accepted as original signatures.							