

No. W 9671	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.		MIKE LARSON 302 C THAIN RD LEWISTON ID 83501			
	NORTHWEST ENGRAVING SERVICE, LLC MIKE LARSON 302 C THAIN RD LEWISTON ID 83501		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	JOHN LARSON	2335 ALBRIGHT GRADE	LEWISTON	ID		83501
MANAGER	MICHAEL LARSON	3611 18TH STREET C	LEWISTON	ID		83501
5. Organized Under the Laws of: ID W 9671		6. Annual Report must be signed.* Signature: Jill Garner Name (type or print): Jill Garner Date: 07/24/2017 Title: Office Manager				
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.				