No. <b>W 57870</b>	Due no later than Jan 31, 2017	, and an a second secon			PO BOX)	
Return to:	Annual Report Form		JOE BLADES			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if neede		1757 E SUMMERPLACE CT MERIDIAN ID 83646			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PACIFIC SPORTS COMPLEX, LLC JOE BLADES 1757 E SUMMERPLACE CT					
	MERIDIAN ID 83646	3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Ente	r Names and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JOE BLA		MERIDIAN	ID		83646	
MANAGER KATHY	BLADES 1757 E SUMMERPLACE CT	MERIDIAN	ID		83646	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kathy Blades		Date: 12/21/2016			
W 57870	Name (type or print): Kathy Blades		Title: Manager			
Processed 12/21/2016	* Electronically provided signatures are accepted as original signatures.					