No. W 150932		Due no later than May 31, 2017 Annual Report Form		2. Registered	Registered Agent and Address (NO PO BOX) KRISTA SIEVERS			
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.			608 ELM AVE MACKAY ID 83251			
		ADVANCED PLUS BOOKKEEPING LLC ADVANCED PLUS BOOKKEEPING LLC PO BOX 362 MACKAY ID 83251 USA		MACKATIL	MACMI ID 03231			
				3. New Registe	3. New Registered Agent Signature:*			
4. Limited Liability Cor	mpanies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	ALAN T SIE KRISTA D S		608 ELM AVE PO BOX 362 608 ELM AVE PO BOX 362	MACAKY MACKAY	ID ID	USA USA	83251 83251	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 150932		Signature: Krista Sievers			Date: 03/30/2017			
		Name (type o		Title: Member				
Processed 03/30/2017	7	* Electronically p	rovided signatures are accepted as original	l signatures.				