No. W 139892 Return to:		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. STORY HOMES LLC NATHAN STORY 48 SADDLEBACK DR. SAGLE ID 83860		2	2. Registered Agent and Address (NO PO BOX) NATHAN STORY 48 SADDLEBACK DR. SAGLE ID 83860 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	AMANDA STORY		48 SADDLEBACK DR.		SAGLE	ID	USA	83860
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nathan Story			Date: 06/01/2018			
W 139892		Name (type or print): Nathan Story			Title: Owner			
Processed 06/01/2018 * Electronically provided signatures are accepted as original signatures.								