No. <b>W 106499</b>		Due no later than Sep 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DAVID SWO	DAVID SWOPE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MAJESTIC TIMBERWORKS LLC DAVID SWOPE 285 HWY 93 NORTH SALMON ID 83467		SALMON ID	285 HWY 93 NORTH SALMON ID 83467  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DAVID PATRI		ICK SWOPE	285 HWY 93 NORTH	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David Swope			Date: 08/22/2017			
W 106499		Name (type or		Title: Owner				
Processed 08/22/2017 * Electronically provided signatures are accepted as original signatures.								