No. W 187874	Due no later than Aug 31, 2018	2. Registe	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		OPHER MILLER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. EMT FAMILY CONSTRUCTION LLC CHRISTOPHER MILLER 4707 RIVER RD		4707 RIVER RD BUHL ID 83316			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
	BUHL ID 83316	3. <u>New</u> Re	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER TYLER M T	URNER 4707 RIVER RD	BUHL	ID	USA	83316	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: CHRISTOPHER MILLER		Date: 09/24/2018			
W 187874	Name (type or print): CHRISTOPHER MILLER		Title: PRESIDENT			
Processed 09/24/2018	* Electronically provided signatures are accepted as original	al signatures.				