No. W 42775		Due no later than Sep 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. AMERICAN PAYMENT SERVICES OF COEUR D'ALENE, LLC DAVID FORD 5646 E MAIN STREET 5 MESA AZ 85205 USA		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					ERIC PETERSON			
				LEWISTON	321 13TH ST LEWISTON ID 83501 3. New Registered Agent Signature:*			
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVID A FO	ORD	5646 E MAIN STREET, STE 5	MESA	AZ	USA	85205	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 42775		Signature: David Ford			Date: 07/31/2018			
		Name (type or print): David Ford		Title: CEO				
Processed 07/31/2018 * Electronically provided signatures are accepted as original signatures.								