

| | | | | | | |
|--|--|---|---|-------|---------|-------------|
| No. W 138585 | Due no later than Jun 30, 2017 Annual Report Form | | 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 | 1. Mailing Address: Correct in this box if needed. | | COURTNEY WOLFE 2453 N SEQUOIA MERIDIAN ID 83646 | | | |
| | TASKMASTERS LLC COURTNEY WOLFE 925 MAIN ST A MERIDIAN ID 83642 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | COURTNEY WOLFE | 2453 N SEQUOIA AVE | MERIDIAN | ID | USA | 83646 |
| 5. Organized Under the Laws of: ID W 138585 | 6. Annual Report must be signed.* | | | | | |
| | | Signature: Courtney Wolfe | Date: 04/27/2017 | | | |
| | | Name (type or print): Courtney Wolfe | Title: Owner | | | |
| Processed 04/27/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |