No. W 161113		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MATTHEW S BRAZEE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SACK LUNCH (MATTHEW S 615 E. 6TH AV SUITE C	BRAZEÉ /E	POST FALLS	843 N. DORYPORT CT. POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	POST FALLS	POST FALLS ID 83854					
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MATTHE	W S BRAZEE	843 N. DORYPORT CT.	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: 6. Annual I		nual Report must be signed.*					
ID	ID Signature: Matthew Brazee		Date: 01/05/2017				
W 161113	Name (type o	Name (type or print): Matthew Brazee		Title: Owner			
Processed 01/05/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					