

No. <b>W 228</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	Due no later than Mar 31, 2018 Annual Report Form  1. <b>Mailing Address: Correct in this box if needed.</b> COLUMBIA 7 LIMITED LIABILITY COMPANY MICHAEL W. KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL W. KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>MICHAEL KAUFMAN</td> <td>2985 MAYFAIR RDG</td> <td>LEWISTON, ID</td> <td>USA</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>WILLIAM FELSTED</td> <td>322 EAST HIGH DRIVE</td> <td>SPOKANE, WA</td> <td>USA</td> <td></td> <td>99203</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MICHAEL KAUFMAN	2985 MAYFAIR RDG	LEWISTON, ID	USA		83501	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	WILLIAM FELSTED	322 EAST HIGH DRIVE	SPOKANE, WA	USA		99203	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 228	6. Signature: <u>Michael Kaufman</u> Date: <u>3-4-18</u> Name (type or print): <u>MICHAEL KAUFMAN</u> Title: <u>MANAGER</u>																																				

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.