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| No. W 157320 | Due no later than Oct 31, 2016 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. TRADECRAFT PLANNING, LLC ROBERT LA CHANCE CFP, CHFC, AEP 3004 S CRABAPPLE LANE BOISE ID 83706-6812 | | ROBERT LA CHANCE CFP, CHFC, AEP 3004 S CRABAPPLE LANE BOISE ID 83706-8370 | | | |
| | | | 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 | ROBERT A. LA CHANCE | 3004 S. CRABAPPLE LANE | BOISE | ID | USA | 83706 |
| 5. Organized Under the Laws of: ID W 157320 | 6. Annual Report must be signed.* Signature: Robert La Chance Name (type or print): Robert La Chance | | Date: 10/17/2016 Title: Managing Member | | | |
| Processed 10/17/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |