No. W 76448		Due no later than Jul 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. DELUXE NETWORK PROGRAM, LLC JENNIFER L BOND 137 E MAIN JEROME ID 83338			JENNIFER BOND 382 OLIVEWOOD PL JEROME ID 83338 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				JEROME ID				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	JENNIFER L	BOND	382 OLIVEWOOD PLACE	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 76448		Signature: Jenr		Date: 07/26/2017				
		Name (type or		Title: Manager				
Processed 07/26/2017 * Electronically provided signatures are accepted as original signatures.								