No. W 40109		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL G SCHMIDT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO REDEMPTION, LLC ATTN TYLER BLACK 717 W SPRAGUE AVE #1600 SPOKANE WA 99201-0466		601 E FRONT AVE STE 303 COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	ALVIN J WOLFF JR		6710 E. CAMELBACK RD. STE 100	SCOTTSDALE	AZ		85251
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 40109		Signature: LAURA L BOLES		Date: 06/28/2018			
		Name (type or	Title: AGENT				
Processed 06/28/2018 * Electronically provided signatures are accepted as original signatures.							