No. W 116925		Due no later than Aug 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. AUTHORITY EXPRESS LLC RAELYNN SCHKADE PO BOX 546 GRAND VIEW ID 83624		25606 001 101	RAELYNN SCHKADE 25686 BOUNDARY RD GRAND VIEW ID 83624 3. New Registered Agent Signature:*			
				GRAND VIEW				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: 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	
MEMBER	RAELYNN SCHKADE		PO BOX 22	GRAND VIEW	ID	USA	83624	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: RAELYNN			Date: 06/20/2016			
W 116925		Name (type or print): RAELYNN		7	Title: MEMBER			
Processed 06/20/2016 * Electronically provided signatures are accepted as original signatures.								