

No. <b>W 158525</b>		<b>Due no later than Nov 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MOMS VIEW, LLC (THE) JOEL PHILLIPS 275 S 5TH AVE STE 151 POCATELLO ID 83201		RYAN B MEIKLE 1000 RIVERWALK DR #200 IDAHO FALLS ID 83402-8320			
				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	JOEL PHILLIPS	275 S 5TH AVE STE 151	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 158525</b>		Signature: JOEL PHILLIPS				Date: 11/30/2016	
		Name (type or print): JOEL PHILLIPS				Title: MANAGER	
Processed 11/30/2016		* Electronically provided signatures are accepted as original signatures.					