

No. W 153295	Due no later than Jun 30, 2018 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	1. Mailing Address: Correct in this box if needed. MCFATE'S LLC MCFATE'S LLC 860 W TROPICAL DR NAMPA ID 83686		SONIA LYN MCFATE 860 W TROPICAL DR NAMPA ID 83686-8368			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name SONIA LYN MCFATE	Street or PO Address 860 W. TROPICAL DR.	City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 153295	6. Annual Report must be signed.* Signature: Sonia McFate Name (type or print): Sonia McFate Date: 07/19/2018 Title: manager					
Processed 07/19/2018	* Electronically provided signatures are accepted as original signatures.					