No. <b>W 147693</b> Return to:		Due no later than Feb 28, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  YELLOW LAB LLC 488 BLUE LAKES BLVD. N. SUITE 106 TWIN FALLS ID 83301-4882			2. Registered Agent and Address (NO PO BOX)  CLINTON DILLE 248 WOODRIDGE DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CLINTON L.	DILLE	248 WOODRIDGE DR	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Clinton L. Dille			Date: 01/02/2018			
W 147693		Name (type or		Title: Manager				
Processed 01/02/2018	Processed 01/02/2018 * Electronically provided signatures are accepted as original signatures.							