No. W 171259		Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHAFFER DISTRIBUTION, LLC NATALIE SHAFFER PO BOX 524 INKOM ID 83245 mes and Addresses of at least one Member or Manager.		NATALIE SHAFFER 214 JACKSON CREEK RD INKOM ID 83245-8324				
				3. New Registered Agent Signature:*				
Office Held	Name	nes and radiceses of de	Street or PO Address	geri	City	State	Country	Postal Code
MEMBER MEMBER			214 JACKSON CREEK RD. 214 JACKSON CREEK RD.		4 INKOM	ID ID	USA USA	83245-0524 83245-0524
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Natalie Shaffer			Date: 06/23/2018			
W 171259		Name (type or print): Natalie Shaffer			Title: Registered Agent			
Processed 06/23/201	18	* Electronically provided	signatures are accepted as	s original sign	atures.			