

No. W 123325		Due no later than Mar 31, 2017 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. 1836 NORTHWEST, LLC PETER J GRABICKI 601 W RIVERSIDE AVE STE 1500 SPOKANE WA 99201		MELISSA WELLS 1859 N LAKWOOD DR STE 200 COEUR D ALENE ID 83814			
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 MELISSA WELLS	Street or PO Address 1859 N LAKWOOD DR STE 200		City COEUR D ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 123325		6. Annual Report must be signed.* Signature: Melissa Wells Name (type or print): Melissa Wells Date: 03/27/2017 Title: Manager					
Processed 03/27/2017 * Electronically provided signatures are accepted as original signatures.							