No. W 76929	Due no later than Aug 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form 1. Mailing Address: Correct in this box if needed. FIVE FISH PRESS LLC JOHN E BARTLETT 146 2ND AVE S TWIN FALLS ID 83301		146 2ND AVE	JOHN BARLETT 146 2ND AVE S TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter N	ames and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JOHN E BA MANAGER JEFFREY D		571 HUNTER AVE 3407 MARY KAY AVE NE	TWIN FALLS ALBANY	ID OR	USA USA	83301 97321	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		t be signed.*					
ID Signature: Jeffrey		D Koerner	Date: 06/25/2018				
W 76929	Name (type or print): Jeffrey D Koerner			Title: Manager			
Processed 06/25/2018	* Electronically provided signatures are accepted as original signatures.						