No. <b>W 76184</b>		Due no later than Jul 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOEL FISHER 533 LAVINA AVE SANDPOINT ID 83864  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  FISHER & NAVARRE, LLC  JOEL FISHER  533 LAVINA AVE.  SANDPOINT ID 83864  USA		SANDPOINT				
4. Limited Liability Compa	nies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	JOEL C FISHER STEVEN C NAVARRE		533 LAVINA AVE. 448S MARION	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864	
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID W 76184		Signature: Joel Fisher			Date: 05/23/2018			
		Name (type or print): Joel Fisher			Title: Manager			
Processed 05/23/2018		* Electronically	provided signatures are accepted as original	al signatures.				