

No. <b>W 114173</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  SHEMA, LLC DAVID L HARVEY PO BOX 5055 TWIN FALLS ID 83303-5055		JEFFREY E ROLIG 195 RIVER VISTA PL STE 306 TWIN FALLS ID 83303				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DAVID L HARVEY	Street or PO Address P. O. BOX 5055	City TWIN FALLS	State ID	Country USA	Postal Code 83303-5055	
5. Organized Under the Laws of:  <b>ID</b> <b>W 114173</b>	6. Annual Report must be signed.*  Signature: David L. Harvey Name (type or print): David L. Harvey						Date: 03/17/2018 Title: Member
Processed 03/17/2018	* Electronically provided signatures are accepted as original signatures.						