No. W 174433 Return to:		Due no later than Nov 30, 2017 Annual Report Form	2. Registered Agent and Address (NO PO BOX) LESLIE LOPES				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COLOCO LLC LESLIE LOPES PO BOX 516 GOODING ID 83330	TWIN FALLS	401 GOODING ST N STE 201 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	LESLIE LOPE	S PO BOX 516	GOODING	ID	USA	83330	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Leslie Lopes	Date: 09/19/2017				
W 174433		Name (type or print): Leslie Lopes	Title: Member-Manager				
Processed 09/19/2017 * Electronically provided signatures are accepted as original signatures.							