

No. <b>W 128271</b>	<b>Due no later than Aug 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>  TOP NOTCH INSPECTIONS, LLC TIMOTHY PATRICK LEAKE 16248 W SUMMERFIELD RD POST FALLS ID 83854 USA		TIMOTHY P LEAKE 16248 W SUMMERFIELD RD POST FALLS ID 83854				
<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  MANAGER	Name  SUZANNE M LEAKE	Street or PO Address  16248 W SUMMERFIELD RD	City  POST FALLS	State  ID	Country  USA	Postal Code  83854	
5. Organized Under the Laws of:  <b>ID</b> <b>W 128271</b>	6. Annual Report must be signed.*  Signature: Timothy Leake SR Name (type or print): Timothy Leake SR					Date: 07/02/2018  Title: president	
Processed 07/02/2018	* Electronically provided signatures are accepted as original signatures.						