No. W 188650		Due no later than Sep 30, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BLACK SHADOW LLC BRIAN B ANDERSON 108 N THIRD AVE SANDPOINT ID 83864		108 N THIRD SANDPOINT	BRIAN B ANDERSON 108 N THIRD AVE SANDPOINT ID 83864-8386 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp.	anies: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BRIAN B ANDERS		IDERSON	108 N THIRD AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brian B Anderson		Date:	Date: 09/25/2018			
W 188650		Name (type or print): Brian B Anderson		Title:	Title: Managing Member			
Processed 09/25/2018 * Electronically provided signatures are accepted as original signatures.								