No. <b>W 55655</b>	Due no later than Oct 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		to a trace our management of the contract of	ALL DAY \$49 IDAHO REGISTERED A			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Iress: Correct in this box if needed SITIONS, ALPHA, LLC  83877	POST FALLS	784 S CLEARWATER LOOP STE F POST FALLS ID 83854  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SONIE COM PROPERTIE	IBS TORCHMARK S, LC	PO BOX 3530	POST FALLS	ID		83877	
5. Organized Under the Laws of: 6. Annual Report n		nust be signed.*					
ID	ID Signature: Saundra Combs		Date: 08/29/2017				
W 55655	Name (type or p		Title: Manager				
Processed 08/29/2017	* Electronically provided signatures are accepted as original signatures.						