No. <b>W 169503</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  DARKHORSE GEOSPATIAL LLC  175 E PARKWAY DR  BOISE ID 83706		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				175 E BOISE	MAUREEN PATRICIA FALLON 175 E PARKWAY DR BOISE ID 83706  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of a	at least one Member or Manager					
Office Held	Name	mes and ridal esses of t	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MAUREEN P	FALLON	175 E PARKWAY DR	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  ID  W 169503		6. Annual Report must be signed.* Signature: Maureen Fallon Name (type or print): Maureen Fallon			Date: 05/18/2017 Title: Owner			
Processed 05/18/2017 * Electronically provided signatures are accepted as original signatures.								