

No. W 134722	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		MELINDA KASERMAN 5157 N STARRY NIGHT AVE MERIDIAN ID 83646			
	MELINDA KASERMAN, LLC MELINDA KASERMAN 5157 N STARRY NIGHT AVE MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature:*			
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	MELINDA KASERMAN	5157 N STARRY NIGHT AVE	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 134722	6. Annual Report must be signed.* Signature: Melinda Kaserman Name (type or print): Melinda Kaserman		Date: 02/16/2017 Title: Manager			
Processed 02/16/2017		* Electronically provided signatures are accepted as original signatures.				