No. W 178353	Due no later than Feb 28, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		WARREN N	WARREN N ERICKSON CPA 618 COLLEGE AVE ST MARIES ID 83861			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. SIERRA FOREST SERVICES, LLC 618 COLLEGE AVE ST MARIES ID 83861						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			31 MARIES				
			3. <u>New</u> Register	3. <u>New</u> 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	
MEMBER MATTHEW STOPPA		33069 HWY 6	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: Warr	ture: Warren N. Erickson, CPA Date: 02/23/2018			18		
W 178353	Name (type or p		Title: Accountant				
Processed 02/23/2018	* Electronically provided signatures are accepted as original signatures.						