| No. W 153631 Return to: | | | Due no later than Jul 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) TIMOTHY J FRY 502 CEDAR STREET SUITE D SANDPOINT ID 83864-8386 3. New Registered Agent Signature:* | | | |
|--|----------------|--|--|--|--|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FRYDAHO, LLC TIMOTHY FRY POBOX 326 PONDERAY ID 83852 USA | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter N | ames and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | TIMOTHY | FRY | 502 | | SANDPOINT | ID | USA | 83864 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Timothy J Fry | | | Date: 05/31/2017 | | | |
| W 153631 | | Name (type or print): Timothy J Fry | | | Title: Manager | | | |
| Processed 05/31/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |