No. W 70025	Du	Due no later than Jan 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	The second second second second second second	JUDIE CONLAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LAKEWOOD, L JUDIE A CON 315 ST CLAIR	ILAN	SANDPOINT	315 ST CLAIR SANDPOINT ID 83864-1616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	SANDFOINT	SANDPOINT ID 83864-1616		ed Agent 5	ignatal Ci		
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JON HAG	IEMBER JON HAGADONE		SANDPOINT SAGLE SANDPOINT	ID ID ID		83864 83860 83864-1616	
5. Organized Under the Laws of: 6. Annual Rep		t must be signed.*					
ID	Signature: Ju	Signature: Judie Conlan		Date: 01/10/2018			
W 70025	Name (type o	Name (type or print): Judie Conlan		Title: Manager			
Processed 01/10/2018	* Electronically provided signatures are accepted as original signatures.						