| No. **W 11614** | **Due no later than Mar 31, 2018** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>CHL, LLC<br>CLESIE H LEWIS<br>9000 W SAMUEL<br>POCATELLO ID 83204-7132 | CLESIE H LEWIS<br>9000 W SAMUEL<br>POCATELLO ID 83204-7132<br><br>3. New 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 |
|---|---|---|---|---|---|---|
| MEMBER | CLESIE H LEWIS | 9000 W SAMUEL | POCATELLO | ID | USA | 83204-7132 |
| MEMBER | SAUNDRA L LEWIS | 9000 W SAMUEL | POCATELLO | ID | USA | 83204-7132 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 11614** | Signature: Clesie H. Lewis | Date: 02/15/2018 |
| | Name (type or print): Clesie H. Lewis | Title: Member |

Processed 02/15/2018

* Electronically provided signatures are accepted as original signatures.