No. W 4176		D	ue no later than Jun 30, 2018	2. Registered Ag	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		Annual Report Form			PAUL THOMPSON 493 S 1200 W PINGREE ID 83262 3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed. THOMPSON BROTHERS, L.L.C. PAUL THOMPSON 493 S 1200 W PINGREE ID 83262		PINGREE ID				
4. Limited Liability Compa	nies: Enter Nar	nes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER			57 S 800 WEST	BLACKFOOT	ID		83221	
MANAGER MANAGER	KURT THOMPSON CHRIS THOMPSON		1086 SEEFRIED 561 W. 75 S.	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Pa	aul Thompson		Date: 04/24/2018			
W 4176		Name (type or print): Paul Thompson			Title: agent			
Processed 04/24/2018	04/24/2018 * Electronically provided signatures are accepted as original signatures.							