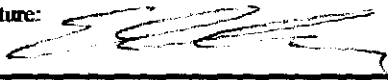
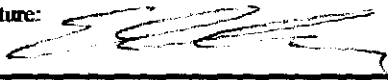
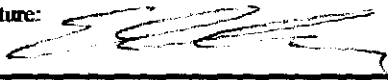


No. W 142735	Due no later than Sep 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EHSAN ARBABI 12044 E SHADOW LN ATHOL ID 83801				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EHSANNA ENTERPRISES LLC EHSAN ARBABI 12044 E SHADOW LN ATHOL ID 83801		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> EHSAN ARBABI 12044 E. SHADOW LN ATHOL IDAHO 83801							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 142735 </div>	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>09/01/2018</u> </td> </tr> <tr> <td> Name (type or print): <u>EHSAN ARBABI</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>			Signature: 	Date: <u>09/01/2018</u>	Name (type or print): <u>EHSAN ARBABI</u>	Title: <u>MANAGER</u>
Signature: 	Date: <u>09/01/2018</u>						
Name (type or print): <u>EHSAN ARBABI</u>	Title: <u>MANAGER</u>						
Issued 09/01/2018 by online 129555							