No. W 129636	Due no later than Oct 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	DAVID A KEENE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	504 SOUTH MAIN STREET STE 123			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SNAKE RIVER GUARDIANSHIP AND PROFESSIONAL SERVICES PLLC DAVID A KEENE	LEWISTON ID 83501-8350			
	504 SOUTH MAIN STREET	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	123 LEWISTON ID 83501				
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 DENISE HA	LL 1608	LEWISTON	ID	USA	83501-8350
MANAGER DAVID A	ŒENE 1140 12TH	CLARKSTON	WA	USA	99403
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: David A. Keene	Date: 09/18/2016			
W 129636	Name (type or print): David A. Keene	Title: Manager			
Processed 09/18/2016	* Electronically provided signatures are accepted as original signatures.				