No. W 85077		Due no later than Jun 30, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			AMBER R MYRICK 1087 W RIVER ST STE 150 BOISE ID 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. S.T.I.R.S. LLC 12625 W SCOTFIELD ST BOISE ID 83713						
				3				
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MANAGER	LISA B SIMPLOT MICHAEL L SIMPLOT		12625 W. SCOTFIELD 12625 W. SCOTFIELD		BOISE BOISE	ID ID	USA USA	83713 83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 85077		Signature: Michael L. Simplot			Date: 04/23/2018			
		Name (type or print): Michael L. Simplot			Title: Manager			
Processed 04/23/2018 * Electronically provided signatures are accepted as original signatures.								