




No. <b>W 176097</b>	<b>Due no later than Dec 31, 2017 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ERNEST L COBB 5796 W FORTRESS CT BOISE ID 83703																																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> 5751 W. FORTRESS CT., LLC ERNEST L COBB 5796 W FORTRESS CT BOISE ID 83703		3. <u>New</u> Registered Agent Signature.																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>ERNEST</td> <td>5796 W,</td> <td>BOISE</td> <td>ID</td> <td>USA</td> <td>83703</td> </tr> <tr> <td></td> <td>L. COBB</td> <td>FORTRESS CT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ERNEST	5796 W,	BOISE	ID	USA	83703		L. COBB	FORTRESS CT					Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 176097		6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>2/5/18</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>ERNEST L. COBB</td> <td>2/5/18</td> </tr> </table>		Signature:	Date:		2/5/18	Name (type or print):	Title:	ERNEST L. COBB	2/5/18																																		
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**