No. W 78793		Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ALLISON WEST				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		UPLIFTING QI ALLISON D 26671 N CAR	L. Mailing Address: Correct in this box if needed. UPLIFTING QUARTER HORSES, LLC ALLISON D WEST 26671 N CARRIE RD SPIRIT LAKE ID 83869 3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	ALLISON D	WEST	26671 N CARRIE RD		SPIRIT LAKE	ID	USA	83886
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 78793		Signature: Allison West			Date: 09/02/2017			
		Name (type or print): Allison West			Title: Manager			
Processed 09/02/2017 * Electronically provided signatures are accepted as original signatures.								