No. W 152332		Due no later than Jun 30, 2016 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form JOHN REDAL					
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed. DIVERTITI, LLC TAMI HOFACKER 6023 MADELLAINE DR COEUR D ALENE ID 83815		5431 N GOVE'T WAY 101A COEUR D ALENE ID 83815-8381 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TAMI HO 6023 MAD						
NO FILING FEE IF	USA						
RECEIVED BY DUE DATE							
4. Limited Liability Companies: E	nter Names and Addr	resses of at least one Member or Manager.					
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
MEMBER SCOTT MORRIS		9141 N CASTLE WAY	HAYDEN	ID	USA	83835	
	HOFACKER	6023 MADELLAINE DR	COEUR D ALENE		USA	83815	
MEMBER TAM:	HOFACKER	6023 MADELLAINE DR	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: 6. Annual F		eport must be signed.*					
ID ID	Signature	Signature: Tami Hofacker Date: 08/03/2016					
W 152332	Name (ty	/pe or print): Tami Hofacker		Title: Member			
Processed 08/03/2016	* Electronica	* Electronically provided signatures are accepted as original signatures.					