No. W 127094 Return to:		Due no later than Jul 31, 2016 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) LACEY OLSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PANHANDLE SUPPORT SERVICES LLC CHRISTOPHER R OLSON PO BOX 2337 SANDPOINT ID 83684		_	513 N 4TH AVE SANDPOINT ID 83684 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	CHRISTOPER	R OLSON	513 N. 4TH AVE		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ch	Date: 07/21/2016					
W 127094		Name (type or print): Christopher R Olson			Title: Owner			
Processed 07/21/2016 * Electronically provided signatures are accepted as original signatures.								