No. **W 11058**	**Due no later than Feb 28, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** KATHLEEN F. ROMA CPA, PLLC KATHLEEN F ROMA 776 E. RIVERSIDE DRIVE SUITE 240 EAGLE ID 83616	KATHLEEN F ROMA 776 E. RIVERSIDE DRIVE SUITE 240 EAGLE ID 83616 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KATHLEEN F ROMA	776 E. RIVERSIDE DRIVE SUITE 240	EAGLE	ID		83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 11058**	Signature: Kathleen Roma	Date: 01/06/2017
	Name (type or print): Kathleen Roma	Title: Manager

Processed 01/06/2017

* Electronically provided signatures are accepted as original signatures.