No. <b>W 34768</b>	Du	ue no later than Nov 30, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LOGAN TUSOW			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  MOXIE JAVA TUSCANY, LLC LOGAN TUSOW 628 BORAH TWIN FALLS ID 83301 USA		628 BORAH AVE TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LOGAN TUSC						
	TWIN FALLS			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	D HATCH	4183 N1566 E	BUHL	ID	USA	83316	
MEMBER LOGAN D	TUSOW	628 BORAH AVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Repor		t must be signed.*					
ID	Signature: Lis	Signature: Lisa Donnelley		Date: 10/04/2017			
W 34768	Name (type o	Name (type or print): Lisa Donnelley		Title: CPA			
Processed 10/04/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					