| No. W 86812 | Due no later than Sep 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|------------------|--|-------|---------|-------------|
| Return to: | Annual Report Form 1. Mailing Address: Correct in this box if needed. EMILY ORCHARD, LLC EMILY ORCHARD 5184 N. DIAMOND CREEK AVE. MERIDIAN ID 83646 | | EMILY ORCHARD 5184 N. DIAMOND CREEK AVE. MERIDIAN ID 83646 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | | | | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | | | | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held Name | Street or F | PO Address | City | State | Country | Postal Code |
| MANAGER EMILY OR | HARD 5184 N. DI | AMOND CREEK AVE. | MERIDIAN | ID | USA | 83646 |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Emily Orchard | | Date: 09/25/2017 | | | |
| W 86812 | Name (type or print): Emily Orchard | | Title: MS, CCC-SLP | | | |
| Processed 09/25/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | |