No. <b>W 113512</b>		Due no later than Apr 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		VIRGINIA FL	VIRGINIA FLIPPENCE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  3 LILFLIPS SECURITIES L.C. SCOTT FLIPPENCE PO BOX 104 PRESTON ID 83263		PRESTON II	416 E ONEIDA PRESTON ID 83263  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SCOTT FLIPPE		PPENCE	PO BOX 104	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Scott Flippence			Date: 03/08/2018			
W 113512		Name (type or		Title: Member				
Processed 03/08/2018 * Electronically provided signatures are accepted as original signatures.								