No. <b>W 91895</b> Return to:		Due no later than Mar 31, 2018  Annual Report Form			2. Registered Agent and Address (NO PO BOX) SCOTT P ESKELSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ADMI PROPERTIES, LLC  MICHELLE P SOVINE  PO BOX 50562  PROVO UT 84605		<u> </u>	425 S HOLMES AVE IDAHO FALLS ID 83401  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compani	ies: Enter Nar	mes and Addresse	s of at least one Member or Manager.						
Office Held	Name		Street or PO Address	Cit	.y	State	Country	Postal Code	
MANAGER	MICHELLE P	SOVINE	PO BOX 50562	PR	OVO	UT	USA	84605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 91895		Signature: Michelle P Sovine			Date: 01/28/2018				
		Name (type or print): Michelle P Sovine			Title: Manager				
Processed 01/28/2018 * Electronically provided signatures are accepted as original signatures.									