No. <b>W 92024</b>		Due no later than Mar 31, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ANGELA E O'SHEA 11515 W CELESTIAL DR STAR ID 83669			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CALICODEFACTORY LLC ANGELA E O'SHEA 11515 W CELESTIAL DR. STAR ID 83669						
				3.	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 Nar	ime		Street or PO Address	(	City	State	Country	Postal Code
MEMBER AND	1EMBER ANGELA E O':		11515 W CELESTIAL DR.	9	STAR	ID	USA	83669
MANAGER THO	THOMAS H KICMOL		11515 W CELESTIAL DR	9	STAR	ID	USA	83669
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 92024		Signature: angie			Date: 05/31/2018			
		Name (type or print): angie			Title: oshea			
Processed 05/31/2018		* Electronically provided signatures are accepted as original signatures.						