No. W 162435	Due no later than Feb 28, 2017	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF	Annual Report Form 1. Mailing Address: Correct in this box if nee LEVEL GROUND, LLC 362 HERBORN PLACE POST FALLS ID 83854	CHRIS CHEELEY 362 N HERBORN PL POST FALLS ID 83854-8385 3. New Registered Agent Signature:*
RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manage	er .
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER CHRIS LARI	RY CHEELEY 362 N HERBORN PLACE	POST FALLS ID USA 83854
5. Organized Under the Laws of:	6. Annual Report must be signed.* Signature: Chris Cheeley	Date: 12/27/2016
W 162435	Name (type or print): Chris Cheeley	Title: Managing Member
Processed 12/27/2016 * Electronically provided signatures are accepted as original signatures.		