

No. <b>W 162594</b>	<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		NORMAN KUHLMAN 1575 E 16TH AVE POST FALLS ID 83854-8385			
	POST FALLS MACHINE, LLC POST FALLS MACHINE LLC 1575 E 16TH AVE POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	NORM KUHLMAN	1575 E. 16TH AVE	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID</b> <b>W 162594</b>		6. Annual Report must be signed.* Signature: NORM KUHLMAN Name (type or print): NORM KUHLMAN		Date: 12/24/2017 Title: MANAGER		
Processed 12/24/2017		* Electronically provided signatures are accepted as original signatures.				