

No. <b>W 55480</b>		<b>Due no later than Oct 31, 2016</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>1. Mailing Address: Correct in this box if needed.</b>  FACILITATE 2 YES, L.C. LYNN MACEACHERN PO BOX 1264 OROFINO ID 83544		LYNDA MACEACHERN 326 KALASPO AVE OROFINO ID 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LYNN MACEACHERN	Street or PO Address PO BOX 1264		City OROFINO	State ID	Country	Postal Code 83544
5. Organized Under the Laws of:  <b>ID</b> <b>W 55480</b>		6. Annual Report must be signed.*  Signature: Lynn MacEachern Name (type or print): Lynn MacEachern  Date: 08/30/2016 Title: Agent					
Processed 08/30/2016 * Electronically provided signatures are accepted as original signatures.							