No. W 107574		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RUTH STEVENS PIERCE 320 MAIN AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PATRICIA HANS DR PATRICIA H 1104 WEST 8T	1. Mailing Address: Correct in this box if needed. PATRICIA HANSEN LIMITED LIABILITY COMPANY DR PATRICIA HANSEN 1104 WEST 8TH AVENUE SPOKANE WA 99204					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addresses	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER PATRIC	CIA ANN HANSEN	1104 W. 8TH AVE.	SPOKANE	ID	USA	99204	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
ID Signature:		atricia Hansen		Date: 08/29/2016			
W 107574	Name (type or	Name (type or print): Patricia Hansen		Title: Manager			
Processed 08/29/2016	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					