

No. <b>W 147227</b>	<b>Due no later than Jan 31, 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> 1629/1631 SEQUOIA, LLC CHAD D MCCORMICK 2830 S ESPINAZO DR COEUR D ALENE ID 83814 USA		CHAD D MCCORMICK 2830 S ESPINAZO DR COEUR D ALENE ID 83814			
			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
MEMBER	SHARI A MCCORMICK	19550 N GRAYHAWK DR #2068	SCOTTSDALE	AZ	USA	85255
MANAGER	CHAD D MCCORMICK	2830 S ESPINAZO DR	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID W 147227</b>	6. Annual Report must be signed.* Signature: Chad McCormick Name (type or print): Chad McCormick		Date: 01/13/2018 Title: Manager			
Processed 01/13/2018		* Electronically provided signatures are accepted as original signatures.				