

No. W 14117		Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 31 PADRE, LLC PO BOX 219 DOVER ID 83825		CURTIS WYBORN 23487 HWY 2 SANDPOINT ID 83864		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name CURTIS WYBORN	Street or PO Address PO BOX 219	City DOVER	State ID	Country	Postal Code 83825
5. Organized Under the Laws of: ID W 14117		6. Annual Report must be signed.* Signature: curtis wyborny Name (type or print): curtis wyborny Date: 01/02/2017 Title: manager				
Processed 01/02/2017 * Electronically provided signatures are accepted as original signatures.						