No. W 115639 Return to:		Due no later than Jul 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. AMBERSON LAW, PLLC THOMAS B. Amberson PO BOX 3724 SUITE 2		N-00 0000000000000000000000000000000000	2. Registered Agent and Address (NO PO BOX) THOMAS B AMBERSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				4629 E HORSEHAVEN AVE POST FALLS ID 83854 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		Coeur d'Alene ID 83816 USA						
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	THOMAS B	. AMBERSON	4629 E. HORSEHAVEN AVENUE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tho		Date: 05/30/2017				
W 115639		Name (type or		Title: Member				
Processed 05/30/2017 * Electronically provided signatures are accepted as original signatures.								