

No. <b>W 172127</b>		Due no later than Sep 30, 2017 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SUZANNE CALIGER <del>4453 GREEN CHAIN LOOP #2</del> COEUR D'ALENE ID 83814 <i>2050 N. Main #204</i> <i>83814</i>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>		1. <b>Mailing Address: Correct in this box if needed.</b> SHZLUCY BY SUZY LLC SUZANNE CALIGER <del>4453 GREEN CHAIN LOOP #2</del> COEUR D'ALENE ID 83814 <i>2050 N. Main #204</i> <i>83814</i>		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
<b>Manager or Member</b>		<b>Name</b>		<b>Street or PO Address</b>	
<b>City</b>		<b>State</b>		<b>Country</b>	
<b>Postal Code</b>					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		<i>SUZANNE CALIGER</i>			
		<i>2062 N Main</i>			
		<i>IDA</i>			
		<i>ID</i>			
		<i>USA</i>			
		<i>83814</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.		Date:	
IDAHO W 172127		Signature: <i>Suzanne Caliger</i>		<i>11-07-2017</i>	
		Name (type or print): SUZANNE CALIGER		Title: Member	
Issued 10/31/2017 by TLB					