No. W 157004 Return to:		Due no later than Oct 31, 2018 Annual Report Form		[2	2. Registered Agent and Address (NO PO BOX) JULIE A SCHWERMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. JULIE A SCHWERMAN LLC JULIE A SCHWERMAN 320 PIERCE ST TWIN FALLS ID 83301 USA		_	320 PIERCE ST TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JULIE A SCI	HWERMAN LLC	320 PIERCE STREET		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Julie Schwerman			Date: 08/24/2018			
W 157004		Name (type or print): Julie Schwerman			Title: Member			
Processed 08/24/2018 * Electronically provided signatures are accepted as original signatures.								