

| | | | | | | | |
|--|---------|--|--------|--|---------|-------------|--|
| No. W 179336 | | Due no later than Mar 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. AMANDA CAREY COACHING, LLC AMANDA CAREY 9290 EDGEWOOD LANE VICTOR ID 83455 | | AMANDA CAREY 9290 EDGEWOOD LANE VICTOR ID 83455-8345 | | | |
| | | | | 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 | |
| MANAGER | A CAREY | 9290 EDGEWOOD LANE | VICTOR | ID | USA | 83455 | |
| 5. Organized Under the Laws of: ID W 179336 | | 6. Annual Report must be signed.* Signature: Amanda Carey Name (type or print): Amanda Carey Date: 04/25/2018 Title: Owner | | | | | |
| Processed 04/25/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |