No. <b>W 46051</b>		Due no later than Jan 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KAREN HAMMER THURSTON			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		721 S. LOCHSA ST. SUITE 116 POST FALLS ID 83854-8381			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KAREN H TH	BASE TWO SOLUTIONS, LLC KAREN H THURSTON 721 S. LOCHSA ST.					
	POST FALLS	POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code	
			COEUR D ALENE		USA	83816	
MEMBER JOHN	REID THURSTON	PO BOX 3232	COEUR D ALENE	ID	USA	83816	
5. Organized Under the Laws of	6. Annual Repor	6. Annual Report must be signed.*					
ID	Signature: KH	Signature: KHThurston		Date: 12/01/2017			
W 46051	Name (type o	Name (type or print): KHThurston		Title: Member Manager			
Processed 12/01/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					