No. W 68366 Return to:		Due no later than Nov 30, 2017 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) MICHAEL J SWOPE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAUREL GROUP, LLC MICHAEL J SWOPE 2244 SWALLOWTAIL BOISE ID 83706		_	2244 SWALLOWTAIL BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MICHAEL J	SWOPE	2244 SWALLOWTAIL		BOISE	ID		83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 68366		Signature: Michael J Swope			Date: 09/17/2017			
		Name (type or print): Michael J Swope			Title: Manager			
Processed 09/17/2017 * Electronically provided signatures are accepted as original signatures.								