No. <b>J 2731</b>		Due no later than Apr 30, 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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MOOSE'S CABOOSE L.L.P. SHAWNAE SOMSEN 4050 GRAYS LAKE RD WAYAN ID 83285		SHAWNAE SOMSEN 4050 GRAYS LAKE RD WAYAN ID 83285  3. New Registered Agent Signature:*				
4. Limited Liability Partnerships: Enter Na Office Held Name PARTNER SHAWNAE S PARTNER JOHN HAMIL		OMSEN	resses of two (2) or more partr Street or PO Address 4050 GRAYS LAKE RD 4050 GRAYS LAKE RD	ners.	City WAYAN WAYAN	State ID ID	Country	Postal Code 83285 83285
5. Organized Under the Laws of:  ID J 2731		6. Annual Report must be signed.* Signature: Shawnae Somsen Name (type or print): Shawnae Somsen			Date: 04/12/2018 Title: Partner			
Processed 04/12/2018 * Electronically provided signatures are accepted as original signatures.								