

No. W 156787	Due no later than Sep 30, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) PHILIP A PETERSON 5700 EAST FRANKLIN RD STE 200 NAMPA ID 83687-7901
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. M. LYNNIE JOHNSON, L.L.C. PHILIP A PETERSON WHITE PETERSON PO BOX 247 NAMPA ID 83653-0247	3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MONTY MOORE-JOHNSON	POST OFFICE BOX 156	NAMPA, ID		USA	83653-0156
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

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5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 156787 </div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> 6. Signature: <i>M. Lynnie Johnson</i> </td> <td style="width: 40%; border-bottom: 1px solid black;"> Date: <i>10/20/2016</i> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): <i>Monty Moore-Johnson, Member</i> </td> <td style="border-bottom: 1px solid black;"> Title: <i>MEMBER</i> </td> </tr> </table>	6. Signature: <i>M. Lynnie Johnson</i>	Date: <i>10/20/2016</i>	Name (type or print): <i>Monty Moore-Johnson, Member</i>	Title: <i>MEMBER</i>
6. Signature: <i>M. Lynnie Johnson</i>	Date: <i>10/20/2016</i>				
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