No. <b>W 155143</b>		Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MADAIR, L.L.C.  MADAIR, LLC  4201 SNAKE RIVER AVE LEWISTON ID 83501		ANGELA CRORNER 4201 SNAKE RIVER AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MADAIR, L.L.C MADAIR, LLC 4201 SNAKE F						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARK AI	LEN DEATLEY	641 WALK LANE	CLARKSTON	WA	USA	99403	
Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: De	bbie Sutton		Date: 08/14/2018			
W 155143	W 155143 Name (type or print): Debbie Sutton		Title: Controller				
Processed 08/14/2018	* Electronically p	* Electronically provided signatures are accepted as original signatures.					