

No. W 141663	Due no later than Aug 31, 2016 Annual Report Form	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 RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GREAT EXPECTATIONS LLC KATHLEEN D SINCLAIR PO BOX 484 WILDER ID 83676	KATHLEEN D SINCLAIR 217 2ND ST WILDER ID 83676	
		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MANAGER	KATHLEEN D SINCLAIR	PO BOX 484 217 2ND STREET	WILDER ID USA 83676
5. Organized Under the Laws of: ID W 141663	6. Annual Report must be signed.* Signature: Kathleen D Sinclair Name (type or print): Kathleen D Sinclair		Date: 07/11/2016 Title: Owner
Processed 07/11/2016		* Electronically provided signatures are accepted as original signatures.	