

No. W 141387	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. COLAPI BAHOOOD, LLC A BRUCE LARSON 2500 MARILYN ST POCATELLO ID 83201	A BRUCE LARSON 2500 MARILYN ST POCATELLO ID 83201-8320	
		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
MEMBER	GLENDA R LARSON	2500 MARILYN ST	POCATELLO ID USA 83201
MEMBER	A. BRUCE LARSON	2500 MARILYN ST.	POCATELLO ID USA 83201
5. Organized Under the Laws of: ID W 141387	6. Annual Report must be signed.* Signature: A Bruce Larson Name (type or print): A Bruce Larson		Date: 07/07/2016 Title: officer
Processed 07/07/2016		* Electronically provided signatures are accepted as original signatures.	