| No. W 165024 | | Due no later than Apr 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------------|---------------------------------------|-----------------------------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | CHERYL BAILEY | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | eeded. | 315 WILLFORD RD COCOLALLA ID 83813 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Address | es of at least one Member or Mana | ger. | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER GLEN L BAIL | | LEY | PO BOX 225 | | COCOLALLA | ID | USA | 83813 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Cheryl L Bailey | | Date: 04/11/2017 | | | | |
| W 165024 | | Name (type or print): Cheryl L Bailey | | | Title: Registered Agent | | | |
| Processed 04/11/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |