No. W 31877			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KIMBERLY A STEINBERG			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			5885 N COLLISTER BOISE ID 83703		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STEINBERG CONSULTING L.L.C. KIMBERLY A. STEINBERG P.O. BOX 9894 BOISE ID 83707		BOISE ID			
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 KIMBERLY A	STEINBERG	P.O. BOX 9894	BOISE	ID		83707
5. Organized Under the Laws of:	6. Annual Report mus	st be signed.*				
ID	Si Di Biran		Date: 08/16/2018			
W 31877	Name (type or print): Diane Larson		Title: Accountant			
Processed 08/16/2018	* Electronically provided signatures are accepted as original signatures.					