

No. W 29166		Due no later than Mar 31, 2018		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		Annual Report Form		KIMBELL D GOURLEY 225 N 9TH ST STE 820 BOISE ID 83701	
		1. Mailing Address: Correct in this box if needed. NESLIE, LLC LESLIE K GOURLEY 315 E LOCUST AVENUE COEUR D ALENE ID 83814		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	NELSON GOURLEY	3529 E 1ST AVE	POST FALLS	ID	83854
MANAGER	LESLIE GOURLEY	3529 E 1ST AVE	POST FALLS	ID	83854
5. Organized Under the Laws of: ID W 29166		6. Annual Report must be signed.* Signature: LESLIE GOURLEY Name (type or print): LESLIE GOURLEY Date: 01/22/2018 Title: MANAGER			
Processed 01/22/2018		* Electronically provided signatures are accepted as original signatures.			