

No. <b>W 117790</b>	<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  517 MAIN, LLC THEODORE R STRONKS PO BOX 923 ASHTON ID 83420	THEODORE R STRONKS 337 CHERRY ST ASHTON ID 83420	
		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	THEODORE R. STRONKS	P.O. BOX 923	ASHTON ID USA 83420
5. Organized Under the Laws of:  <b>ID</b> <b>W 117790</b>	6. Annual Report must be signed.* Signature: Theodore R. Stronks Name (type or print): Theodore R. Stronks		Date: 08/30/2016 Title: Manager
Processed 08/30/2016		* Electronically provided signatures are accepted as original signatures.	