No. <b>W 157509</b> Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing COLLEGE T. 820 S MAIN	Due no later than Oct 31, 2017 Annual Report Form  2. Registered Agent and Address (Notes to be a second of the properties) DANIEL JOHNSON 820 S MAIN #2456 HAILEY ID 83333  3. New Registered Agent Address (Notes to be a second of the properties) 3. New Registered Agent Address (Notes to be a second of the properties) 3. New Registered Agent Address (Notes to be a second of the properties) 3. New Registered Agent Address (Notes to be a second of the properties) 3. New Registered Agent and Address (Notes to be a second of the properties) 3. New Registered Agent and Address (Notes to be a second of the properties) 3. New Registered Agent and Address (Notes to be a second of the properties) 3. New Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent and Address (Notes to be a second of the properties) 4. Registered Agent Age				,	
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter	Names and Addre	sses of at least one Member or Manager.	3. <u>New</u> Registe	red Agent 3	gnature.		
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DANIEL I MEMBER STEPHEN	OHNSON HUNT	3440 GLENBROOK DR 971 EASTRIDGE DR	HAILEY HAILEY	ID ID	USA USA	83333 83333	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
<b>ID</b> Signat		ure: Daniel Johnson		Date: 09/14/2017			
W 157509	Name (type	e or print): Daniel Johnson		Title: Member			
Processed 09/14/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					