No. W 174668		Due no later than Nov 30, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:	Α	Annual Report Form		AMBER R MYRICK 1087 W RIVER ST SUITE 150 BOISE ID 83702				
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. C SQUARED CONCEPTS LLC AMBER R MYRICK PA PO BOX 7363						
PO BOX 83720 BOISE, ID 83720-0080	AMBER R MYRICI							
	BOISE ID 8370	BOISE ID 83707		3. New 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		
MEMBER CAROLYN L PARKINSON		4770 PARK LANE	EAGLE	ID	USA	83616		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: CARC	Signature: CAROLYN L PARKINSON			Date: 11/01/2017			
W 174668	Name (type or p	Name (type or print): CAROLYN L PARKINSON			Title: MEMBER			
Processed 11/01/2017	* Electronically prov	* Electronically provided signatures are accepted as original signatures.						