No. W 26418 Return to:		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JUSTIN F COPE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CASTLE MUSEUM, LLC JUSTIN F COPE PO BOX 454 JULIAETTA ID 83535			189 STATE ST JULIAETTA ID 83535 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JUSTIN F C	OPE	PO BOX 454		JULIAETTA	ID		83535
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Justin Cope			Date: 11/09/2017			
W 26418		Name (type or print): Justin Cope			Title: Manager			
rocessed 11/09/2017 * Electronically provided signatures are accepted as original signatures.								