

No. W 70323	Due no later than Jan 31, 2018 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		SHAWN BRANSON 4147 E. VISION DR. IDAHO FALLS ID 83401			
	BRANSON ENTERPRISES, LLC SHAWN M BRANSON 4147 E. VISION DR. IDAHO FALLS ID 83401 USA		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	SHAWN M BRANSON	4147 E. VISION DR.	IDAHO FALLS	ID	USA	83401
MEMBER	AMY L BRANSON	4147 E. VISION DR.	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 70323		6. Annual Report must be signed.* Signature: SHAWN BRANSON Name (type or print): SHAWN BRANSON		Date: 12/01/2017 Title: MANAGER		
Processed 12/01/2017		* Electronically provided signatures are accepted as original signatures.				