No. **W 162334**	**Due no later than Feb 28, 2018**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** JARHEAD DISTRIBUTION, LLC 201 NORTH MAPLE GROVE #110 BOISE ID 83704	R DAVID COHEN 201 NORTH MAPLE GROVE #110 BOISE ID 83704-8370 3. New 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
MEMBER	R DAVID COHEN	201 N MAPLE GROVE SUITE 110	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 162334**	Signature: R David Cohen	Date: 05/25/2018
	Name (type or print): R David Cohen	Title: Member

Processed 05/25/2018

* Electronically provided signatures are accepted as original signatures.