| No. W 54497 | Due no later than Sep 30, 2017 2. Registered Agent and Address (NO PC | | | PO BOX) | | |
|---|---|--------------|------------------|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form JANN C CARSON 209 N MAIN TROY ID 83871 JANN C CARSON 209 N MAIN TROY ID 83871 3. New Registered Agent Signature:* | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companies: Enter N | lames and Addresses of at least one Member or Manager. | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER JANN C C MANAGER KEVIN L C | | TROY TROY | ID ID | USA USA | 83871 83871 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Kevin L Carson | | Date: 07/30/2017 | | | |
| W 54497 | Name (type or print): Kevin L Carson | | Title: Manager | | | |
| Processed 07/30/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | |