

No. <b>W 126236</b>	<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  STRIVE WEALTH & PROTECTION PLANNING LLC JARED REESE 5997 W STATE ST STE A BOISE ID 83703		JARED REESE 5997 W STATE ST STE A BOISE ID 83703			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held  MANAGER	Name  JARED REESE	Street or PO Address  5997 W STATE ST STE A	City  BOISE	State  ID	Country  USA	Postal Code  83703
5. Organized Under the Laws of:  <b>ID</b> <b>W 126236</b>	6. Annual Report must be signed.*  Signature: Jared Reese Name (type or print): Jared Reese  Date: 07/25/2017 Title: CEO					
Processed 07/25/2017 * Electronically provided signatures are accepted as original signatures.						