No. W 124898		Due no later than May 31, 2017		[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. PAULORMARK, LLC PAUL SIFFORD 31560 CAVE BAY ROAD WORLEY ID 83876 USA		PAUL SIFFORD				
					31560 CAVE BAY ROAD WORLEY ID 83876			
					3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Nai	nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER PAUL D SIF		FORD	31560 CAVEBAY RD		WORLEY	ID	USA	83876
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: PAUL SIFFORD			Date: 03/20/2017			
W 124898		Name (type or print): PAUL SIFFORD			Title: MANAGER			
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.								