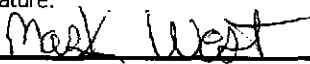


No. W 90651	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARK K WEST 7432 COLFAX ST DALTON GARDENS ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MARKS HANDYMAN SERVICE LLC. PO BOX 262 HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mark West	POB 262	Hayden Id USA 83835
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 90651 </div>		6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): mark west </div> <div style="width: 35%;"> Date: 2-28-17 <hr/> Title: Manager </div> </div>	
Issued 02/23/2017 by TLB		115481	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office