No. W 142125 Return to:		Due no later than Sep 30, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX) TIM CARROLL 198 LOCUST ST S TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CONCEPTS RESTAURANT DESIGN GROUP, LLC 198 LOCUST ST S TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Nam	es and Addresses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	CARROL CARROLL		TWIN FALLS TWIN FALLS		USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: JAKE CARROLL Date: 08/02/2018					
W 142125		Name (type or print): JAKE CARROLL Title: MANAGER					
Processed 08/02/2018	*	* Electronically provided signatures are accepted as original signatures.					