No. W 165486		Due no later than Apr 30, 2018 Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		PATRICK P DESMOND PO BOX 14001 KETCHUM ID 83340		106 C KETC	PATRICK P DESMOND 106 COMFORT CIRCLE KETCHUM ID 83340-8330 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TARA D DESMONI		SMOND	106 COMFORT CIR	KETCH	IUM ID	USA	83340	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Patrick P Desmond			Date: 03/01/2018			
W 165486		Name (type or print): Patrick P Desmond			Title: MD			
Processed 03/01/2018 * Electronically provided signatures are accepted as original signatures.								