No. W 44812 Return to:		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. PATTI DUKE LLC PATTI L DUKE PO BOX 183 HAILEY ID 83333			2. Registered Agent and Address (NO PO BOX) WM LYMAN BELNAP 12554 W BRIDGER ST STE 120 BOISE ID 83713 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				12554 W BF BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name	Stree	t or PO Address	City	State	Country	Postal Code	
MANAGER	PATTI L DU	KE PO BO	OX 183	HAILEY	ID		83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: patti duke		Date: 10/12/2016				
W 44812		Name (type or print): patti duke			Title: Manager			
Processed 10/12/2016		* Electronically provided signati	ectronically provided signatures are accepted as original signatures.					