No. **W 117746**	**Due no later than Sep 30, 2017** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PINE LEAF LLC KAREN MITCHELL PO BOX 873 EAGLE ID 83616	KAREN MITCHELL 462 E. SHORE DR. SUITE 140 EAGLE ID 83616 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KAREN JONES MITCHELL	462 E. SHORE DRIVE SUITE 140	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 117746**	Signature: Karen Mitchell	Date: 10/20/2017
	Name (type or print): Karen Mitchell	Title: Owner

Processed 10/20/2017

* Electronically provided signatures are accepted as original signatures.