No. W 162751	Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. LUNDIE ENTERPRISES, LLC 446 COMMANCHE DR REXBURG ID 83440		JAREK R SMITH 446 COMMANCHE DR REXBURG ID 83440			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Register	red Agent Si	gnature:*	
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
MEMBER ALLISON M	CGRADE	446 COMMANCHE DR	REXBURG	ID	USA	83440
5. Organized Under the Laws of:	nized Under the Laws of: 6. Annual Report must be signed.*					
ID	Signature: Troy K Smith		Date: 02/22/2017			
W 162751	W 162751 Name (type or print): Troy K Smith		Title: CPA			
Processed 02/22/2017	* Electronically provided signatures are accepted as original signatures.					