

No. <b>W 95403</b>		<b>Due no later than Aug 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  WIDGREN ICE ENTERPRISES, LLC BART O WIDGREN P.O. BOX 781 SAGE ID 83860		BART WIDGREN 756 HEATH LAKE ROAD SAGE ID 83860			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BART O WIDGREN	Street or PO Address P.O. BOX 781		City SAGE	State ID	Country USA	Postal Code 83860
5. Organized Under the Laws of:  <b>ID</b> <b>W 95403</b>		6. Annual Report must be signed.*  Signature: Bart O Widgren Name (type or print): Bart O Widgren  Date: 06/25/2017 Title: Owner					
Processed 06/25/2017 * Electronically provided signatures are accepted as original signatures.							