No. W 89991		Due no later than Jan 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		24.47 DILUEDI	KATHERYN HAVERCROFT 3147 BLUEBERRY CIRCLE			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SADIE LUCILLE, LLC KATHERYN HAVERCROFT 3147 BLUEBERRY CIRCLE HAYDEN ID 83835		HAYDEN ID	HAYDEN ID 83835 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KATHERYN 1	4 HAVERCROFT	3147 BLUEBERRY CIRCLE	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 89991		Signature: Kathe		Date: 02/16/2017				
		Name (type or p		Title: Manager				
Processed 02/16/2017	* Electronically provided signatures are accepted as original signatures.							