No. <b>W 66875</b> Return to:		Due no later than Sep 30, 2017 Annual Report Form			2. Registered Agent and Address (NO PO BOX)  MICHAEL E MCCLURE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MIPAS LLC MICHAEL E MCCLURE 2323 JUNIPER DRIVE LEWISTON ID 83501		LEV	2323 JUNIPER DR LEWISTON ID 83501  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compani	es: Enter Nar	mes and Addresses	of at least one Member or Manager.						
Office Held	Name		Street or PO Address	City		State	Country	Postal Code	
MANAGER	MICHAEL E	MCCLURE	2323 JUNIPER DRIVE	LEW]	STON	ID		83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 66875		Signature: Michael E McClure			Date: 10/20/2017				
		Name (type or print): Michael E McClure			Title: Manager				
Processed 10/20/2017	* Electronically provided signatures are accepted as original signatures.								