

No. W 108681	Due no later than Nov 30, 2016 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. NORTH IDAHO INVESTIGATION, LLC LAURIE L ADAMS 9609 W ATMORE DR BOISE ID 83704		LAURIE L ADAMS 9609 W ATMORE DR BOISE ID 83704			
			3. <u>New</u> 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	LAURIE L ADAMS	303 SOLBERG DRIVE	KALISPELL	MT	USA	59901-2302
5. Organized Under the Laws of: ID W 108681	6. Annual Report must be signed.* Signature: Laurie Adams Name (type or print): Laurie Adams		Date: 09/27/2016 Title: Manager			
Processed 09/27/2016		* Electronically provided signatures are accepted as original signatures.				