No. W 5967 Return to:		Due no later than Apr 30, 2017 Annual Report Form		Т	Registered Agent and Address (NO PO BOX) T J ANGSTMAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANGSTMAN JOHNSON, PLLC THOMAS J ANGSTMAN 3649 N. LAKEHARBOR LANE BOISE ID 83703		В	3649 N. LAKEHARBOR LANE BOISE ID 83703 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of	at least one Member or Manager.						
Office Held	Name		Street or PO Address	City	У	State	Country	Postal Code	
MANAGER MEMBER	T J ANGSTMAN MATTHEW T CHRISTENSEN		3649 Lakeharbor LN 3649 Lakeharbor Lane	BO:		ID ID	USA	83703 83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 5967		Signature: Thomas J. Angstman			Date: 02/21/2017				
		Name (type or print): Thomas J. Angstman			Title: Managing Member				
Processed 02/21/2017	* Electronically provided signatures are accepted as original signatures.								