

No. <b>W 54167</b>	<b>Due no later than Sep 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> INLAND TITLE & ESCROW, L.L.C. TROY SHORES 524 W MAIN GRANGEVILLE ID 83530	TROY SHORES 524 W MAIN GRANGEVILLE ID 83530			
		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	TROY D SHORES	524 W MAIN ST.	GRANGEVILLE	ID	USA 83530-1449
5. Organized Under the Laws of:  <b>ID W 54167</b>	6. Annual Report must be signed.* Signature: TROY SHORES Date: 08/23/2016 Name (type or print): TROY SHORES Title: MANAGER				
Processed 08/23/2016		* Electronically provided signatures are accepted as original signatures.			