| No. W 187057 | | Due no later than Aug 31, 2018 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------|---|--------------------------------------|----------------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SUPPLEMENT DELIVERY LLC HEATHER MOORE PO BOX 4 LEWISTON ID 83501 | | 1337 CEDA LEWISTON | HEATHER MOORE 1337 CEDAR AVE LEWISTON ID 83501 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresse | os of at least one Member or Manager | | | | | |
| 20 20 2 | Name | mes and Address | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | HEATHER M | IOORE | 1337 CEDAR AVE | LEWISTON | ID | USA | 83501 | |
| 5. Organized Under the Laws of: ID W 187057 | | 6. Annual Repor Signature: He Name (type o | | Date: 07/18/2018 Title: owner | | | | |
| Processed 07/18/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |