No. **W 126122**	**Due no later than Jun 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.** ELMS OF EVERETT LLC TIMOTHY WINDE PO BOX 867 HAYDEN ID 83835	TIMOTHY WINDE 1261 E EZRA AVE HAYDEN ID 83835 3. New 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	TIMOTHY WINDE	PO BOX 867	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 126122**	Signature: Timothy Winde	Date: 04/23/2016
	Name (type or print): Timothy Winde	Title: Manager

Processed 04/23/2016

* Electronically provided signatures are accepted as original signatures.