No. W 169315		Due no later than Jul 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. FAIRYBE LLC PO BOX 5064 TWIN FALLS ID 83301		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					NANCY KESTIE 2211 MAYBERRY LN FILER ID 83328 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER NANCY KEST		TIE	2211 MAYBERRY LN		FILER	ID	USA	83328
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nancy Kestie			Date: 07/29/2017			
W 169315		Name (type or print): Nancy Kestie			Title: member			
Processed 07/29/2017 * Electronically provided signatures are accepted as original signatures.								