No. <b>W 23395</b>			2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			D KARLEANE SCHOEDINGER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			8190 W BROOKVIEW DR BOISE ID 83709			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PHOENIX ENTERPRISE II L.L.C. KARLEANE D SCHOEDINGER PO BOX 4922		BOISE ID				
	BOISE ID 83711-4922		3. <u>New</u> Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 D KARLEAN	E SCHOEDINGER	PO BOX 4922	BOISE	ID		83711-4922	
5. Organized Under the Laws of:	6. Annual Report mu						
ID	Signature: D Karle		Date: 02/22/2018				
W 23395	Name (type or prir		Title: manager				
Processed 02/22/2018	* Electronically provided signatures are accepted as original signatures.						