No. <b>W 120799</b>		Due no later than Jan 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				1505 NITCLION	SCOTT WOHLSCHLAGER 1505 NICHOLAS WAY SANDPOINT ID 83864-8386  3. New Registered Agent Signature:*			
		W BUILDING DES PO BOX 955 SANDPOINT ID	SANDPOINT					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SCOTT WO	HLSCHLAGER	PO BOX 55	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Scot		Date: 01/30/2017				
W 120799		Name (type or p		Title: Manager				
Processed 01/30/2017 * Electronically provided signatures are accepted as original signatures.								