No. **W 80088**	**Due no later than Dec 31, 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.** TROY & JUDITH WILLIAMS LLC TROY WILLIAMS 1431 N. FILLMORE ST 100 TWIN FALLS ID 83301 USA	TROY WILLIAMS 1431 N FILLMORE STE 100 TWIN FALLS ID 83301 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
MEMBER	TROY A WILLIAMS	1431 N. FILLMORE SUITE 100	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 80088**	Signature: TROY WILLIAMS	Date: 10/31/2016
	Name (type or print): TROY WILLIAMS	Title: OWNER

Processed 10/31/2016

* Electronically provided signatures are accepted as original signatures.