No. W 8977 Return to:		Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JOHN B GEDDES 175 W ORCHARD HAYDEN ID 83835 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ORCHARD C JOHN B GE 175 W ORCI	1. Mailing Address: Correct in this box if needed. ORCHARD CENTER, L.L.C. JOHN B GEDDES 175 W ORCHARD HAYDEN ID 83835					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	r Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	GEDDES GEDDES	6469 EVERNADE RD. 6469 EVERNADE RD.	HAYDEN LAKE HAYDEN LAKE	ID ID	USA	83835 83835	
5. Organized Under the Laws of:	6. Annual Rep	6. Annual Report must be signed.*					
ID ID	Signature: 3	Signature: John Geddes		Date: 07/20/2018			
W 8977	Name (type	Name (type or print): John Geddes		Title: Member			
Processed 07/20/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.					