No. **W 41614**	**Due no later than Aug 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.** PHOENIX PHILANTHROPY, LLC LILY E FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83814	LILY FINCH 2900 N GOVERNMENT WAY #304 COEUR D'ALENE ID 83814 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	LILY FINCH	2900 N GOVERNMENT WAY #304	COEUR D'ALENE	ID		83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 41614**	Signature: LILY FINCH	Date: 07/11/2016
	Name (type or print): LILY FINCH	Title: MEMBER

Processed 07/11/2016

* Electronically provided signatures are accepted as original signatures.