No. W 73131		no later than Apr 30, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:	Α	Annual Report Form 1. Mailing Address: Correct in this box if needed. EMILYCHASE LLC LARRY SCHWARTZ PO BOX 3623 KETCHUM ID 83340		LARRY SCHWARTZ 1420 HEROIC RD HAILEY ID 83333 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EMILYCHASE LLC LARRY SCHWAI							
NO FILING FEE IF RECEIVED BY DUE DATE	KETCHUM ID 8							
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 LARRY S MEMBER JULIE SII	CHWARTZ GEL	PO BOX 3623 PO BOX 5913	KETCHUM KETCHUM	ID ID		83340 83340		
5. Organized Under the Laws of:	6. Annual Report r	5. Annual Report must be signed.*						
ID	Signature: Larry	Signature: Larry Schwartz Date: 02/25/2017						
W 73131	Name (type or p	Name (type or print): Larry Schwartz			Title: Member			
Processed 02/25/2017	* Electronically pro	* Electronically provided signatures are accepted as original signatures.						