No. W 90367		Due no later than Feb 28, 2017		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DELORES	DELORES M BLOODGOOD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PROFESSIONAL ACCOUNTING SERVICE LLC CHARLES A BLOODGOOD 523 RIVER ST SALMON ID 83467		SALMON	523 RIVER ST SALMON ID 83467 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter N	ames and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHARLES /	A BLOODGOOD	523 RIVER STREET	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 90367		Signature: C.A. Bloodgood			Date: 12/23/2016			
		Name (type or		Title: Manager				
Processed 12/23/2016 * Electronically provided signatures are accepted as original signatures.								