No. **W 173518**	**Due no later than Oct 31, 2018** **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.** ALTURAS 12005 MERIDIAN, LLC 500 E SHORE DR STE 120 EAGLE ID 83616	BLAKE HANSEN 500 E SHORE DR STE 120 EAGLE ID 83616 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
MANAGER	ALTURAS MANAGEMENT GROUP LLC	500 E SHORE DR STE 120	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 173518**	Signature: Tom C. Morris Name (type or print): Tom C. Morris	Date: 09/04/2018 Title: Authorized Agent

Processed 09/04/2018

* Electronically provided signatures are accepted as original signatures.