

No. W 84326		Due no later than Jun 30, 2017 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		1. Mailing Address: Correct in this box if needed. SHRI DHARMA LLC KAREN A FAUNCE 1111 E. 1ST STREET MOSCOW ID 83843-2768		KAREN FAUNCE 1111 E. 1ST ST. MOSCOW ID 83843-2768			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KAREN A FAUNCE	Street or PO Address 1111 E. 1ST STREET		City MOSCOW	State ID	Country USA	Postal Code 83843-2768
5. Organized Under the Laws of: ID W 84326		6. Annual Report must be signed.* Signature: Karen A. Faunce Name (type or print): Karen A. Faunce Date: 06/27/2017 Title: Manager					
Processed 06/27/2017 * Electronically provided signatures are accepted as original signatures.							