No. **W 160757**	**Due no later than Jan 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.** SCHMERZENBAUM, LLC JACOB B FITE 1006 N ELLA AVE SANDPOINT ID 83864	JACOB B FITE 1006 N ELLA AVE SANDPOINT ID 83864-8386 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	JACOB FITE	1006 N ELLA AVE	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 160757**	Signature: Jacob Fite	Date: 11/24/2017
	Name (type or print): Jacob Fite	Title: Manager

Processed 11/24/2017

* Electronically provided signatures are accepted as original signatures.