

No. W 170855	Due no later than Aug 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MELANIE B PAISLEY 1221 BUCKSKIN DR HAILEY ID 83333
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PAISLEY 417, LLC PO BOX 535 HAILEY ID 83333		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Melanie Paisley</i> <i>P.O. Box 535</i> <i>Hailey ID</i> <i>83333</i> <div style="text-align: right; margin-right: 50px;"><i>Idaho</i></div>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 170855 </div>		6. Signature: <i>Melanie Paisley</i> Date: <i>8-31-18</i> Name (type or print): <i>Melanie Paisley</i> Title:	
Issued 08/07/2018 by DK1		116362	