

No. W 33938	Due no later than Oct 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		G PETER WARD 3587 SPIRIT LAKE CUTOFF SPIRIT LAKE ID 83869			
	STILLSON, L.L.C. PETER WARD P.O. BOX 268 SPIRIT LAKE ID 83869		3. <u>New</u> 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	G PETER WARD	3587 SPIRIT LAKE CUTOFF	SPIRIT LAKE	ID		83869
5. Organized Under the Laws of: ID W 33938		6. Annual Report must be signed.* Signature: Peter Ward Name (type or print): Peter Ward		Date: 08/29/2017 Title: Manager		
Processed 08/29/2017		* Electronically provided signatures are accepted as original signatures.				