No. <b>W 101200</b>		Due no later than Mar 31, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LEANNA AI	LEANNA ARNOLD  1785 S WHISPER COVE AVE			
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.  A TEAM LAND CONSULTANTS LLC LEANNA M ARNOLD 1785 S WHISPER COVE AVE BOISE ID 83709						
				BOISE ID	BOISE ID 83709			
				3. New Regist	3. New Registered Agent Signature:*			
4. Limited Liability Compan	ies: Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	STEVEN R /		1785 S WHISPER COVE AVE 1785 S WHISPER COVE AVE	BOISE BOISE	ID ID	USA USA	83709-8557 83709-8557	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID W 101200		Signature: LeAnna Arnold			Date: 01/30/2017			
		Name (type	or print): LeAnna Arnold		Title: Member			
Processed 01/30/2017		* Electronically	provided signatures are accepted as origina	l signatures.				