

No. W 151595	Due no later than May 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. SHAMWARI LIMITED LIABILITY COMPANY MICHELLE S EMMONS 3635 N KINGSWOOD DR BOISE ID 83704		MICHELLE S EMMONS 3635 N KINGSWOOD DR BOISE ID 83704			
			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	MICHELLE S EMMONS	3635 N KINGSWOOD DR	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 151595	6. Annual Report must be signed.* Signature: M. Emmons Name (type or print): M. Emmons		Date: 05/31/2018 Title: Manager			
Processed 05/31/2018		* Electronically provided signatures are accepted as original signatures.				