No. W 65970		Due no later than Aug 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SWOPE, LLC MIKE SWOPE 2244 SWALLOWTAIL BOISE ID 83706		d.	MICHAEL J SWOPE 2244 SWALLOWTAIL BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	laast one Mamber or Manager					
Office Held	Name	ries and Addresses of de	Street or PO Address		City	State	Country	Postal Code
	MICHAEL J SWOPE MARY J SWOPE		2244 SWALLOWTAIL 2244 SWALLOWTAIL		BOISE BOISE	ID ID	USA	83706 83706
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 65970		Signature: Michael J Swope			Date: 06/22/2017			
		Name (type or print): Michael J Swope			Title: Manager			
Processed 06/22/2017	* Electronically provided signatures are accepted as original signatures.							