No. W 60387		Due no later than Mar 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. GT SHADOW LLC MICHELLE KRECZKOWSKI PO BOX 666 BELLEVUE ID 83313 mes and Addresses of at least one Member or Manager.		2. Registered A	2. Registered Agent and Address (NO PO BOX) MICHELLE KRECZKOWSKI 99 MULDOON CANYON RD BELLEVUE ID 83313 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar				99 MULDOOI				
				3. <u>New</u> Registe				
	me	ries and Addresse.	Street or PO Address	City	State	Country	Postal Code	
MANAGER MI	MICHELLE KRECZKOWSKI JOHN KRECZKOWSKI		PO BOX 666 PO BOX 666	BELLEVUE BELLEVUE	ID ID	USA	83313 83313	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michelle Kreczkowski Date: 02/18/2018					3	
W 60387		Name (type or		Title: Manager				
Processed 02/18/2018		* Electronically provided signatures are accepted as original signatures.						