| No. W 167158 | | Due no later than Jun 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--|---|-----------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing A SOLDBYROI, L SHANNON D 4964 REMEMB | Annual Report Form 1. Mailing Address: Correct in this box if needed. SOLDBYROI, LLC SHANNON D KINGHORN 4964 REMEMBER DR AMMON ID 83406 | | SHANNON D KINGHORN 4964 REMEMBER DR AMMON ID 83406 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter | | es of at least one Member or Manager. | or <u>nerr</u> region | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER SHANNOI | I D KINGHORN | 4964 REMEMBER DRIVE | AMMON | ID | USA | 83406 | |
| 5. Organized Under the Laws of: ID W 167158 | Signature: Sh | 6. Annual Report must be signed.* Signature: Shannon D. Kinghorn Name (type or print): Shannon D. Kinghorn | | Date: 05/23/2017 Title: Manager | | | |
| Processed 05/23/2017 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |