No. <b>W 58790</b>	Due no later than Feb 29, 201	6 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  MACKERT, LLC HALI MACKERT 702 NORTH 2300 EAST ST ANTHONY ID 83445	CHAD MACKERT 702 NORTH 2300 EAST ST ANTHONY ID 83445  3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter	Names and Addresses of at least one Member or Ma	anager.
Office Held Name	Street or PO Address	City State Country Postal Code
MEMBER CHAD M. MEMBER HALI MA		
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Hali Mackert	Date: 12/31/2015
W 58790	Name (type or print): Hali Mackert	Title: Partner
Processed 12/31/2015	* Electronically provided signatures are accepted as original signatures.	