

No. W 114505	Due no later than Jun 30, 2017 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.		COREY PARSONS 2543 W MALRAUX DR COEUR D ALENE ID 83815-0439			
	APPGROTTO LLC COREY PARSONS 2543 W MALRAUX DR. COEUR D ALENE ID 83815-0439		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	COREY PARSONS	2543 W MALRAUX DR	COEUR D ALENE	ID	USA	83815-0439
5. Organized Under the Laws of: ID W 114505		6. Annual Report must be signed.* Signature: Corey Parsons Name (type or print): Corey Parsons		Date: 05/30/2017 Title: Manager		
Processed 05/30/2017		* Electronically provided signatures are accepted as original signatures.				