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| No. W 9671 | | Due no later than Sep 30, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST ENGRAVING SERVICE, LLC MIKE LARSON 302 C THAIN RD LEWISTON ID 83501 | | MIKE LARSON 302 C THAIN RD LEWISTON ID 83501 | |
| | | | | 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 | JOHN LARSON | PO BOX 1061 | LEWISTON | ID | 83501 |
| MANAGER | MICHAEL LARSON | 3611 18TH STREET C | LEWISTON | ID | 83501 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 9671 | | Signature: Jill Garner | | Date: 07/26/2016 | |
| | | Name (type or print): Jill Garner | | Title: Office Manager | |
| Processed 07/26/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |