No. W 69367	Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) TOM NEWNHAM
ATO BLASH CERTE		148 MAIN AVE S TWIN FALLS ID 83301
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
Manager or Member	Companies: Enter Names and Addresses of Manager Name Street or PO Address City	State Country Postal Code
Manager Member — —	Tom Newham 2755 N 3000 Vera Newham 2755 N 3000	E Twin Falls ID US 83
Manager Member M	Vera Newsham 2755 N 300.	E Twin Falls 10 US 833
Manager Member		
Manager Member		
5. Organized Under the La		<del></del>
IDAHO	Signature:	Date: 12-26-17
W 69367	Name (type or print):	Title:
11 0330,	1 homas M. Neu	whom Owner