

No. <b>W 9617</b>		<b>Due no later than Aug 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  P.J. RECREATION, LLC JOSEPH STINEMATES 680 VALLI HI EAGLE ID 83616-2638		JOSEPH STINEMATES 680 VALLI HI EAGLE ID 83616-2638		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name JOSEPH STINEMATES	Street or PO Address 680 VALLI HI	City EAGLE	State ID	Country	Postal Code 83616-2638
5. Organized Under the Laws of:  <b>ID</b> <b>W 9617</b>		6. Annual Report must be signed.*  Signature: JOSEPH STINEMATES Name (type or print): JOSEPH STINEMATES  Date: 06/24/2018 Title: MEMBER				
Processed 06/24/2018 * Electronically provided signatures are accepted as original signatures.						