No. W 136017		Due no later than Mar 31, 2018		2	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. SOULSHINE, LLC TRACY TRUESDELL PO BOX 1521 BONNERS FERRY ID 83805		ed.	DONNA WILSON 64767 HWY 2 BONNERS FERRY ID 83805			
				3	3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER TRACY TRUESD		ESDELL	PO BOX 1521		BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tracy Truesdell			Date: 04/12/2018			
W 136017		Name (type or print): Tracy Truesdell			Title: Manager			
Processed 04/12/2018		* Electronically provided	provided signatures are accepted as original signatures.					