No. W 167001			Due no later than May 31, 2017			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		SICK Y	Annual Report Form ailing Address: Correct in this box if needed YO LLC MONTANA AVE R D'ALENE ID 83814	813 E COEUR	CHAD RILEY 813 E MONTANA AVE COEUR D'ALENE ID 83814-8381 3. New Registered Agent Signature:*					
RECEIVED BY DUE DATE		Name = 2 = 4 /	Address of the transfer Manches of Manches							
4. Limited Liability Compa	anies: Enter	Names and A	Addresses of at least one Member or Manager.							
Office Held	Name		Street or PO Address	City		State	Country	Postal Code		
MEMBER	CHRISTY	RILEY	813 E	COEUR I	D ALENE	ID	USA	83814		
5. Organized Under the Laws of:		6. Annua	al Report must be signed.*							
ID		Signa	Signature: Christy Riley			Date: 03/21/2017				
W 167001		Name	Name (type or print): Christy Riley			Title: Co-Founder				
Processed 03/21/2017 * Electronically provided signatures are accepted as original signatures.										