

No. W 124003		Due no later than Apr 30, 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 RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. REDOXREVELATION, LLC SHARON L CASEY 3645 N SCOTCH PINE LANE UNIT 1 COEUR D'ALENE ID 83815-1818		SHARON L CASEY 3645 N SCOTCH PINE LANE UNIT 1 COEUR D'ALENE ID 83815	
				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
MEMBER	SHARON CASEY	3645 N SCOTCH PINE LANE UNIT 1	COEUR D'ALENE	ID	USA 83815-1818
5. Organized Under the Laws of: ID W 124003		6. Annual Report must be signed.* Signature: S L Casey Name (type or print): S L Casey Date: 06/07/2017 Title: Member			
Processed 06/07/2017		* Electronically provided signatures are accepted as original signatures.			