

No. W 168551		Due no later than Jun 30, 2018		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. CARRIE'S PLACE LLC AMBER R MYRICK P.O. BOX 7363 BOISE ID 83707		AMBER R MYRICK 1087 W RIVER ST STE 150 BOISE ID 83702			
				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	
MANAGER	CAROLYN L. PARKINSON	4770 PARK LANE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 168551		Signature: CAROLYN L. PARKINSON				Date: 06/04/2018	
		Name (type or print): CAROLYN L. PARKINSON				Title: MANAGER	
Processed 06/04/2018		* Electronically provided signatures are accepted as original signatures.					