

No. W 115857		Due no later than Jul 31, 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. CRIBIFORM PLEXUS LLC CRO OLER 2041 STADIUM BLVD TWIN FALLS ID 83301		BROOKE OLER 2041 STADIUM BLVD TWIN FALLS ID 83301	
				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	ELIZA OLER	2041 STADIUM BLVD	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 115857		6. Annual Report must be signed.* Signature: brooke oler Name (type or print): brooke oler Date: 05/20/2018 Title: officer			
Processed 05/20/2018		* Electronically provided signatures are accepted as original signatures.			