

No. W 26719	Due no later than Nov 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		PAUL JAMESON 5292 E. SHORELINE DR. POST FALLS ID 83854			
	SUMMIT VENTURES, LLC PAUL JAMESON 5292 E SHORELINE DR POST FALLS ID 83854		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	PAUL JAMESON	5292 E SHORELINE DR	POST FALLS	ID		83854
5. Organized Under the Laws of: ID W 26719		6. Annual Report must be signed.* Signature: Paul Jameson Name (type or print): Paul Jameson Date: 01/10/2018 Title: manager				
Processed 01/10/2018		* Electronically provided signatures are accepted as original signatures.				