| No. **W 169018** | **Due no later than Jul 31, 2017**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>ROBB STEINKE APPRAISAL, LLC<br>ROBB STEINKE<br>589 WHISPERINE PINE DR<br>TWIN FALLS ID 83301 | ROBB STEINKE<br>589 WHISPERINE PINE DR<br>TWIN FALLS ID 83301-8330<br><br>3. New 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 | ROBB STEINKE | 589 WHISPERING PINE DR. | TWIN FALLS | ID | USA | 83301 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 169018** | Signature: Robb Steinke | Date: 06/03/2017 |
| | Name (type or print): Robb Steinke | Title: Owner |

Processed 06/03/2017

* Electronically provided signatures are accepted as original signatures.