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| No. W 155965 | Due no later than Sep 30, 2016 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. SPOHN & ASSOCIATES, LLC GARY E SPOHN 2600A E SELTICE WAY PMB 191 POST FALLS ID 83854-8849 USA | | GARY SPOHN 2600A E SELTICE WAY POST FALLS ID 83854-8385 | | | |
| | | | 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 | GARY E. SPOHN | 2600 E SELTICE WAY STE A | POST FALLS | ID | USA | 83854 |
| 5. Organized Under the Laws of: ID W 155965 | | 6. Annual Report must be signed.* Signature: Gary E. Spohn Name (type or print): Gary E. Spohn Date: 09/30/2016 Title: Manager | | | | |
| Processed 09/30/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |