No. W 155965		Due no later than Sep 30, 2016 Annual Report Form 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			2. Registered Agent and Address (NO PO BOX) GARY SPOHN 2600A E SELTICE WAY POST FALLS ID 83854-8385 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF				2600A E SEL POST FALLS				
RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER GARY E. SPOH		POHN	2600 E SELTICE WAY STE A	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gary E. Spohn			Date: 09/30/2016			
W 155965		Name (type or p		Title: Manager				
Processed 09/30/2016		* Electronically provided signatures are accepted as original signatures.						