

<b>No. W 106870</b>	<b>Due no later than Sep 30, 2016 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MICHAEL KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> FELSTED AND KAUFMAN, LLC 2985 MAYFAIR RIDGE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.																																			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>																																						
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MICHAEL KAUFMAN</td> <td>2985 MAYFAIR RIDGE</td> <td>LEWISTON</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>WILLIAM FELSTED</td> <td>322 EAST HIGH DRIVE</td> <td>SPokane</td> <td>WA</td> <td>USA</td> <td>99203</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL KAUFMAN	2985 MAYFAIR RIDGE	LEWISTON	ID	USA	83501	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	WILLIAM FELSTED	322 EAST HIGH DRIVE	SPokane	WA	USA	99203	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>									
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 106870</b> </div>	<b>6. Signature:</b> <div style="text-align: center;">   <hr/>         Name (type or print):  <b>MICHAEL KAUFMAN</b> </div>		<b>Date:</b> <div style="text-align: center;"> <b>9-8-16</b>  <hr/> <b>Title:</b>  <b>MEMBER MANAGER</b> </div>																																			
Issued 07/26/2016 by KAH																																						
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM