

5/31/2018

W 30662

<p>No. W 30662</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>NO FILING FEE IF RECEIVED BY DUE DATE</p>	<p>Due no later than May 31, 2018 Annual Report Form</p> <p>1. Mailing Address: Correct in this box if needed. MERIDIAN 113, L.L.C. MARY WAWRIN 10013 59TH AVE SW LAKEWOOD WA 98499 USA</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) KEVIN MARTINEZ 709 E PARK BLVD BOISE ID 83712-9849</p> <p>3. New Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeffery B. Iveson Jr.</td> <td>10013 59th Ave SW</td> <td>Lakewood</td> <td>WA</td> <td>USA</td> <td>98499</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> <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 type="checkbox"/>	Jeffery B. Iveson Jr.	10013 59th Ave SW	Lakewood	WA	USA	98499	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of: WASHINGTON W 30662</p>	<p>6. Signature:  Date: 5-31-2018 Name (type or print): Kylee Orr Title: Admin. Asst.</p>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM