No. <b>W 157616</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  TETON VALLEY CONCIERGE, LLC 849 ELK THISTLE DR VICTOR ID 83455		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				800 W MAIN BOISE ID 8	UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702  New Registered Agent Signature:*		
RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Mar	nager.				
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER SHAWN WA		LKER 849 ELK THISTLE DR		VICTOR	ID	USA	83455
5. Organized Under the Laws of:  ID  W 157616		6. Annual Report must be signed.* Signature: Shawn Walker Name (type or print): Shawn Walker	Date: 08/30/2016 Title: Sole proprietor				
Processed 08/30/2016 * Electronically provided signatures are accepted as original signatures.							