No. **W 82614**	**Due no later than Mar 31, 2017** **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.** TROPICAL SANDS LLC JAMES W WOLFE 4641 N SEYMOUR DR BOISE ID 83704	JAMES W WOLFE 4641 N SEYMOUR DR BOISE ID 83704 3. New 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	JAMES W WOLFE	4641 N SEYMOUR DR	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 82614**	Signature: James W Wolfe Name (type or print): James W Wolfe	Date: 03/20/2017 Title: President

Processed 03/20/2017

* Electronically provided signatures are accepted as original signatures.