



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.Idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 532846

Filing Status: Active-Existing

Foreign Limited Liability Company

Date Formed: 12/23/2016

Formation Locale: NEVADA

Name and Mailing Address:

SCALE HUMAN CAPITAL LLC

PO BOX 62

MEDINA, WA 98039

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

INCRP SERVICES, INC.

1310 S VISTA AVE STE 27

BOISE, ID 83705

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BOA4, LLC	P.O. Box 62	Medina, WA 98039
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Consuela Vest, LLC	P.O. Box 90007	Bellevue, WA 98009
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Cro Scale, LLC	P.O. Box 90007	Bellevue, WA 98009
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sea Scale, LLC	P.O. Box 90007	Bellevue, WA 98009
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	DEG Investments, LLC	P.O. Box 10088	Yakima, WA 98909
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Patrice Kreider-Hughes

(6) Date: 1-2-2019

(7) Type/Print Name: PATRICE KREIDER-HUGHES

(8) Title: AUTHORIZED SUBMITTER

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0079-1444 01/02/2019 3:25 PM Received by ID Secretary of State Lawrence Denney