No. **W 4377**	**Due no later than Jul 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.** MARTIN & ESKELSON PLLC STEPHEN E MARTIN PO BOX 3189 IDAHO FALLS ID 83403	STEPHEN E MARTIN 425 S HOLMES AVE IDAHO FALLS ID 83401 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
MANAGER	STEPHEN E MARTIN	P.O. BOX 277	SWAN VALLEY	ID		83449

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4377**	Signature: Stephen E. Martin	Date: 06/27/2017
	Name (type or print): Stephen E. Martin	Title: Manager

Processed 06/27/2017

* Electronically provided signatures are accepted as original signatures.