No. W 2790	Due	Due no later than Aug 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:	Α	Annual Report Form		DAVID C VAN ENGELEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	VAN ENGELEN CF	1. Mailing Address: Correct in this box if needed. VAN ENGELEN CPAS & CO., P.L.L.C. DAVID C VAN ENGELEN		1411 FALLS AVE E. STE. 1201 TWIN FALLS ID 83303-8330 3. New Registered Agent Signature:*			
BOISE, ID 83720-0080	P. O. BOX 5377						
NO FILING FEE IF		1411 FALLS AVE E. STE. 1201 TWIN FALLS ID 83303-5377					
RECEIVED BY DUE DATE							
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 GREG EDI MEMBER DAVID C	GAR VAN ENGELEN	PO BOX 5377 1411 FALLS AVE E. STE. 1201	TWIN FALLS TWIN FALLS	ID ID	USA	83303 83301	
5. Organized Under the Laws of: 6. Annual Repo		ort must be signed.*					
ID Signature: Gro		Edgar	Date: 06/19/2018				
W 2790 Name (type		rint): Greg Edgar	Title: Member				
Processed 06/19/2018	* Electronically provided signatures are accepted as original signatures.						