




No. <b>W 144315</b>	<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> POTTENTIA LLC NIMA SOBBI 930 N MAPLE GROVE RD C101 BOISE ID 83704		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nima Sobbi	930 N Maple Grove Rd C101	Boise	ID	USA	83704
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 144315</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>9-30-2016</u> </td> </tr> <tr> <td>           Name (type or print): <u>Nima Sobbi</u> </td> <td>           Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: <u>9-30-2016</u>	Name (type or print): <u>Nima Sobbi</u>	Title: <u>Owner</u>
Signature: 	Date: <u>9-30-2016</u>				
Name (type or print): <u>Nima Sobbi</u>	Title: <u>Owner</u>				

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