No. J 2495 Return to:		Due no later than Apr 30, 2018 Annual Report Form			2. Registered Agent and Address (NO PO BOX) JOCELYN PLASS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BLUE DOT BLUE DOT PO BOX 3	1. Mailing Address: Correct in this box if needed. BLUE DOT PARTNERS LLP BLUE DOT PARTNERS LLP PO BOX 341 STANLEY ID 83278		130 VALLEY CREEK ROAD STANLEY ID 83278 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Partnerships: Er	iter Names and Bu	siness Addresses of two (2) or more partne	rs.					
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PARTNER JOCELY	N PLASS	PO BOX 341		STANLEY	ID		83278	
PARTNER DOUG	PLASS	PO BOX 341		STANLEY	ID		83278	
5. Organized Under the Laws of:	6. Annual R	6. Annual Report must be signed.*						
ID	Signature	Signature: Jocelyn Plass			Date: 05/01/2018			
J 2495	Name (ty	Name (type or print): Jocelyn Plass			Title: Partner			
Processed 05/01/2018	* Electronica	* Electronically provided signatures are accepted as original signatures.						