No. W 167849 Return to:		Due no later than Jun 30, 2018 Annual Report Form		2	2. Registered Agent and Address (NO PO BOX) TIFFANY LARSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LOCAL 5B, LLC TIFFANY LARSON PO BOX 2134 KETCHUM ID 83340		_	104 COVE CREEK HAILEY ID 83333 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	TIFFANY LA	RSON	PO BOX 2134		KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tiffany Larson			Date: 04/23/2018			
W 167849		Name (type or print): Tiffany Larson			Title: Owner			
Processed 04/23/2018 * Electronically provided signatures are accepted as original signatures.								