| No. W 51320 | | Due no later than Jun 30, 2017 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-------------------------------------|--|---------------------------------|----|--|----------|---------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. STARMARC LLC ALMA S MAGALLON 2933 ROCKY RD BURLEY ID 83318 | | d. | ALMA S MAGALLON 2933 ROCKY RD BURLEY ID 83318 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses of a | at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER MANAGER | ALMA S MAGALLON ROGELIO MAGALLON | | 2933 ROCKY RD 2933 ROCKY RD | | BURLEY BURLEY | ID ID | | 83318 83318 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 51320 | | Signature: Alma Magallon | | | Date: 05/03/2017 | | | |
| | | Name (type or print): Alma Magallon | | | Title: Manager/owner | | | |
| Processed 05/03/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |