No. W 185291		Due no later than Jun 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MICHAEL HA	MICHAEL HASSON 499 STAGE LINE PL MIDDLETON ID 83644 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMPLETE CHECK INSPECTIONS, LLC MICHAEL HASSON 499 STAGE LINE PL MIDDLETON ID 83644		MIDDLETON				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	AGER MICHAEL HAS		499 STAGE LINE PL	MIDDLETON	ID	USA	83644	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: M		Date: 04/27/2018				
W 185291		Name (type o		Title: Owner				
Processed 04/27/2018 * Electronically provided signatures are accepted as original signatures.								