No. W 161927			2. Registered Agent and Address (NO PO BOX)				
eturn to:		al Report Form Correct in this box if needed.	784 S CLEAR\ POST FALLS	REGISTERED AGENTS INC 784 S CLEARWATER LOOP STE R POST FALLS ID 83854 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CHARLES A	LYTLE	2118 N. AZURITE DR.	KUNA	ID	USA	83634	
5. Organized Under the Laws of:	f: 6. Annual Report must be signed.*						
ID ID	Signature: Charles Lytle		Date: 01/25/2018				
W 161927	W 161927 Name (type or print): Charles Lytle		Title: Owner/ Operator				
Processed 01/25/2018	* Electronically provided signatures are accepted as original signatures.						