

No. W 150932	Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		KRISTA SIEVERS 608 ELM AVE MACKAY ID 83251			
	ADVANCED PLUS BOOKKEEPING LLC ADVANCED PLUS BOOKKEEPING LLC PO BOX 362 MACKAY ID 83251 USA		3. <u>New</u> Registered Agent Signature:*			
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	ALAN T SIEVERS	608 ELM AVE PO BOX 362	MACAKY	ID	USA	83251
MEMBER	KRISTA D SIEVERS	608 ELM AVE PO BOX 362	MACKAY	ID	USA	83251
5. Organized Under the Laws of: ID W 150932	6. Annual Report must be signed.* Signature: Krista Sievers Name (type or print): Krista Sievers		Date: 03/19/2018 Title: Member			
Processed 03/19/2018		* Electronically provided signatures are accepted as original signatures.				