No. W 165513		Due no later than Apr 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		REGISTERE	REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CASCADIA SERVICES LLC OWEN HAMMOND 408 S EAGLE RD SUITE 205		BOISE ID	BOISE ID 63703			
		EAGLE ID 83616		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Con	npanies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER OWEN HAM		MOND	408 S EAGLE RD STE 205	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 165513		Signature: Owen Hammond Date: 02/28/2017						
		Name (type or		Title: President				
Processed 02/28/2017		* Electronically provided signatures are accepted as original signatures.						