No. **W 36027**	**Due no later than Jan 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.** AUTOMATED CONTROL SOLUTIONS, LLC. TIMOTHY W HEALD 515 S STATE ST NAMPA ID 83686	TIMOTHY W HEALD 2467 W WILLOW POINT AVE NAMPA ID 83651 3. New 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
MANAGER	TIMOTHY W HEALD	515 S STATE ST	NAMPA	ID		83686
MEMBER	JANET M HEALD	515 S STATE ST	NAMPA	ID		83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 36027**	Signature: Timothy W Heald	Date: 11/24/2017
	Name (type or print): Timothy W Heald	Title: Manger

Processed 11/24/2017

* Electronically provided signatures are accepted as original signatures.