No. W 163893		Du	ie no later than Mar 31, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		to represent the recognition of the contract of	RICK OLSON 1136 RIVERVIEW ST BELLEVUE ID 83313			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WEATHER SHIELD INSULATION LLC RICK OLSON 1411 S MAIN ST UNIT 1A BELLEVUE ID 83313						
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER STEPHANIE		J OLSON	1136 RIVERVIEW DR	BELLEVUE	ID	USA	83313	
MANAGER RICK E OLS			1136 RIVERVIEW DR	BELLEVUE	ID	USA	83313	
MANAGER ANDREA E P.		PARKER	3220 WOODSIDE BULV	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 163893		Signature: Ar	D	Date: 04/27/2017				
		Name (type o	r print): Andrea E Parker	Title: Office Manager				
* Electronically provided signatures are accepted as original signatures.								