No. W 166992 Return to:		Due no later than May 31, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX) DIANA LUOMA 6905 HWY 95 FRUITLAND ID 83619 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PROPAY LLC DIANA LUOMA PO BOX 1210 FRUITLAND ID 83619				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Comp	oanies: Enter Nar	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DIANA LUOM	1A 7884 RICHEY RD	FRUITLAND	ID	USA	83619
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Diana Luoma	Date: 03/22/2018			
W 166992		Name (type or print): Diana Luoma	Title: Member			
Processed 03/22/2018 * Electronically provided signatures are accepted as original signatures.						