

No. <b>W 47292</b>	<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WADE MASSEY 5110 N ABERDEEN PL MERIDIAN ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> CAPITOL WEST APPRAISALS LLC WADE MASSEY 5110 N ABERDEEN PL MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	A. WADE MASSEY	5110 N ABERDEEN PL	MERIDIAN	ID	83646	USA
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NIKI MASSEY					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 47292</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>A. Wade Massey</u>            Name (type or print): <u>A. Wade Massey</u> </td> <td style="width: 40%;">           Date: <u>4-20-2018</u>            Title: _____         </td> </tr> </table>	Signature: <u>A. Wade Massey</u> Name (type or print): <u>A. Wade Massey</u>	Date: <u>4-20-2018</u> Title: _____
Signature: <u>A. Wade Massey</u> Name (type or print): <u>A. Wade Massey</u>	Date: <u>4-20-2018</u> Title: _____		

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