No. W 82288 D		ue no later than Mar 31, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form ROLAND LOPEZ						
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. PROVIDENCE LLC CRISTOPHER D LOPEZ PO BOX 39 COCOLALLA ID 83813-0039 USA		145 PRATT RD COCOLALLA ID 83813-0039				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CRISTOPHER							
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER DANIELLE	L LOPEZ	PO BOX 39	COCOLALLA	ID	USA	83813-0039		
MANAGER CRISTOPH	IER D LOPEZ	PO BOX 39	COCOLALLA	ID	USA	83813-0039		
5. Organized Under the Laws of: 6. Annual Repo		rt must be signed.*						
ID	Signature: Cristopher D Lopez Date: 02/07/2018							
W 82288	Name (type	Name (type or print): Cristopher D Lopez			Title: CEO			
Processed 02/07/2018	* Electronically provided signatures are accepted as original signatures.							