

No. W 100344	Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARGARET MCKAY FERRIS 239 B PINWOOD LN KETCHUM ID 83340																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MCKAY PRESS LLC PO BOX 3894 KETCHUM ID 83340		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Margaret Ferris</td> <td>Box 3894</td> <td>Ketchum</td> <td>ID</td> <td>US</td> <td>83340</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Beverly McLean</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Margaret Ferris	Box 3894	Ketchum	ID	US	83340	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Beverly McLean						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 100344	6. Signature: <u>Margaret Ferris</u> Date: <u>1-29-18</u> Name (type or print): <u>Margaret Ferris</u> Title: <u>Manager</u>																																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM