No. <b>W 89030</b> Return to:		Due no later than Dec 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CZ, LLC JAMECE VINCENT PO BOX 110 MIDDLETON ID 83644			2. Registered Agent and Address (NO PO BOX)  JAMECE VINCENT 14139 HWY 44 CALDWELL ID 83607  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				_				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JAMECE M	VINCENT	14139 HWY 44		CALDWELL	ID	USA	83607
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 89030		Signature: Jamece Vincent			Date: 01/05/2018			
		Name (type or print): Jamece Vincent			Title: Manager			
Processed 01/05/2018 * Electronically provided signatures are accepted as original signatures.								