| No. W 187351 | | Due no later than Aug 31, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------------|--|---|--|---|-------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. JLE ARCHITECTS, PLLC JAMES ESCOBAR PO BOX 901 MERIDIAN ID 83680 | | JAMES ESCOBAR 450 E BEACON LIGHT RD | | | | | |
| | | | | | EAGLE ID 83616 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code | |
| MEMBER JAMES ESCO | | OBAR | PO BOX 901 | | MERIDIAN | ID | USA | 83680 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Kristin Escobar | | | Date: 06/28/2018 | | | | |
| W 187351 | | Name (type or print): Kristin Escobar | | | Title: Operations Manager | | | | |
| Processed 06/28/2018 | | * Electronically p | Electronically provided signatures are accepted as original signatures. | | | | | | |