No. W 100299		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:				TYRELL G MONETTE 730 W BRIDLE LN POST FALLS ID 83854-6600 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		1. Mailing Address: Correct in this box if needed. WORKSHOP, LLC (THE) KARRIE E MONETTE 730 W BRIDLE LN POST FALLS ID 83854-6600 USA						
								3. <u>New</u> Register
4. Limited Liability Companie	es: Enter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER K	TYRELL G MONETTE KARRIE E MONETTE MICHAEL U MONETTE		730 W BRIDLE LN 730 W. BRIDLE LN 3385 W. HUDLOW DR	POST FALLS POST FALLS POST FALLS	ID ID ID	USA USA USA	83854-6600 83854-6600 83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 100299		Signature: TYRELL MONETTE Date: 01/29/2018						
		Name (type o		Title: MANAGER				
Processed 01/29/2018	* Electronically provided signatures are accepted as original signatures.							