| No. W 188656 | Due no later than Sep 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|----------------------------|---|---|---------|-------------|
| Return to: | Annual Report Form | | R AARON SEEHAWER | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | | 1112 WEST MAIN STREET STE 105 BOISE ID 83702 | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | V.A.S.S.T ENTERPRISES, L.L.C. R AARON SEEHAWER 1112 WEST MAIN STREET STE 105 | | BOISE ID 63702 | | | |
| | BOISE ID 83702 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER RICHARD AARON SEEHAWER 1112 W. MAI | | 1112 W. MAIN ST. SUITE 105 | BOISE | ID | USA | 83702 |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | ID Signature: R. Aaron Seehawer | | Date: 07/30/2018 | | | |
| W 188656 | Name (type or print): R. Aaron Seehawer | | Title: member | | | |
| Processed 07/30/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | |