No. <b>W 107788</b>		Due no later than Oct 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			THOMAS ROLLAND CHRISTENSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TOM CHRISTENSEN SERVICE LLC  THOMAS R CHRISTENSEN  178 N 685 W  BLACKFOOT ID 83221		BLACKFOOT	178 N 685 W BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	THOMAS R	CHRISTENSEN	178 N. 685 W.	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas R. Christensen			Date	Date: 09/06/2017		
W 107788		Name (type or p		Title: manager				
Processed 09/06/2017 * Electronically provided signatures are accepted as original signatures.								