




No. W 173243 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Oct 31, 2017 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) SAM CROW 4516 EQUINOX AVE CALDWELL ID 83607 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. SAM CROW CONSULTING LLC SAM CROW 4516 EQUINOX AVE CALDWELL ID 83607																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>SAM CROW</td> <td>4516 EQUINOX</td> <td>CALDWELL ID</td> <td>CA</td> <td>USA</td> <td>83607</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SAM CROW	4516 EQUINOX	CALDWELL ID	CA	USA	83607	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 173243 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 9-30-17 </td> </tr> <tr> <td> Name (type or print): SAMUEL R. CROW </td> <td> Title: MANAGER </td> </tr> </table>		Signature: 	Date: 9-30-17	Name (type or print): SAMUEL R. CROW	Title: MANAGER																															
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