

No. <b>W 15333</b>		<b>Due no later than May 31, 2017</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ELMER C. BLAIE II, L.L.C. ELMER C BLAIE 320 MAIN AVE NORTH TWIN FALLS ID 83301		ELMER C BLAIE II 320 MAIN AVE NORTH TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*	
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	ELMER C BLAIE II	3247 LAURELWOOD DR	TWIN FALLS	ID		83301	
5. Organized Under the Laws of:  <b>ID W 15333</b>		6. Annual Report must be signed.* Signature: E. Blaikie Name (type or print): E. Blaikie Date: 03/21/2017 Title: manager					
Processed 03/21/2017		* Electronically provided signatures are accepted as original signatures.					