No. <b>W 165899</b>		Due no later than May 31, 2017 2. Registered Agent and Address (NO PO BOX					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed  AMBROSIA LLC PO BOX 473 UCON ID 83454	3580 RED 0 IDAHO FAL	AMBER NETTE HOLST 3580 RED CLIFF BLVD #A IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
4. Limited Liability Con	npanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	AMBER HOL	ST PO BOX 473	UCON	ID	USA	83454	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Amber Holst		Date: 05/31/2017			
W 165899		Name (type or print): Amber Holst		Title: Owner			
Processed 05/31/2017 * Electronically provided signatures are accepted as original signatures.							