No. W 146363		Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. LBOWMAN REAL ESTATE LLC LISA BOWMAN 29309 PARMA RD PARMA ID 83660		2. Registered Agent and Address (NO PO BOX) LISA BOWMAN 29309 PARMA RD PARMA ID 83660 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		nes and Addresses of at least one Memb	ner or Manager				
Office Held	Name	Street or PO A	10 to	City	State	Country	Postal Code
MANAGER LISA BOWM		AN 29309 PARMA	RD	PARMA	ID	USA	83660
5. Organized Under the Laws of: ID W 146363		6. Annual Report must be signed.* Signature: Lisa Bowman Date: 12/20/2017 Name (type or print): Lisa Bowman Title: Manager					
		* Electronically provided signatures are accepted as original signatures.					