No. W 22568		Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. ILIAD MEDIA TWIN FALLS, LLC DARRELL C CALTON 21361 HWY 30		Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing A ILIAD MEDIA T DARRELL C C 21361 HWY 30						
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter	TWIN FALLS	Es of at least one Member or Manager.	3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
Office Held Name	tarries and Address	Street or PO Address	City	State	Country	Postal Code	
MANAGER LAWRENC	M STARKE E C JOHNSON E S JOHNSON	21361 HWY 30 21361 HWY 30 21361 HWY 30	TWIN FALLS TWIN FALLS TWIN FALLS	ID ID ID	•	83301 83301 83301	
5. Organized Under the Laws of:	6. Annual Repor	6. Annual Report must be signed.*					
ID.	Signature: Da	Signature: Darrell Calton		Date: 01/17/2018			
W 22568	Name (type o	Name (type or print): Darrell Calton		Title: CEO			
Processed 01/17/2018	* Electronically provided signatures are accepted as original signatures.						