No. W 179828		Due no later than Mar 31, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	CARRIE SMITH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		STONE EAGLI CARRIE SMI	ING WAY #140	IONA ID 8	2533 BARNES WAY IONA ID 83427 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CARRIE R SM		SMITH	2533 Barnes Way	IONA	ID	USA	83427	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Carrie Smith			Date: 03/05/2018			
W 179828		Name (type o	or print): Carrie Smith		Title: Manager			
Processed 03/05/2018 * Electronically provided signatures are accepted as original signatures.								