No. **W 150320**	**Due no later than Apr 30, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** LOBO VENTURES, LLC LORI HALLE WARD PO BOX 6029 TWIN FALLS ID 83303 USA	LORI HALLE WARD 1070 LAURELWOOD COURT TWIN FALLS ID 83301-8330 3. New 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	LORI HALLE WARD	1070 LAURELWOOD CT.	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 150320**	Signature: Lori H Ward	Date: 03/28/2017
	Name (type or print): Lori H Ward	Title: Managing Member

Processed 03/28/2017

* Electronically provided signatures are accepted as original signatures.