No. <b>W 167170</b> Return to:		Due no later than May 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MARK N LISA LLC LISA A BOISVERT 272 1ST AVE N NAMPA ID 83687  2. Registered Agent and Address (N LISA BOISVERT 272 1ST AVE N NAMPA ID 83687  3. New Registered Agent Signature:		LISA BOISV	CONTRACTOR DE CO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				ignature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MARK F BC	DISVERT	272 1ST AVE NORTH	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lisa		Date: 03/21/2017				
W 167170		Name (type or p		Title: CEO				
Processed 03/21/2017 * Electronically provided signatures are accepted as original signatures.								