No. <b>W 132696</b>		Due no later than Jan 31, 2018  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			s: Correct in this box if needed.	TIM WEST 6549 VAN BUREN ST BONNERS FERRY ID 83805  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Compar	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 MEMBER			6549 VAN BUREN ST PO BOX 3160 6549 VAN BUREN ST PO BOX 3160	BONNERS FERRY BONNERS FERRY	ID ID	USA USA	83805 83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Lisa West		Date: 12/09/2017			
W 132696		Name (type or print): Lisa West		Title: Member			
Processed 12/09/2017		* Electronically provided signatures are accepted as original signatures.					