

No. W 138902	Due no later than Jun 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SIDEKSIDE VISIONS LLC MICHAEL P KANE 632 AIRWAY AVE LEWISTON ID 83501		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
			3. <u>New</u> 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	MICHAEL P KANE	632 AIRWAY AVE	LEWISTON, ID	ID	USA	83501
5. Organized Under the Laws of: ID W 138902	6. Annual Report must be signed.* Signature: Michael Kane Name (type or print): Michael Kane		Date: 08/09/2018 Title: Manager			
Processed 08/09/2018		* Electronically provided signatures are accepted as original signatures.				