No. W 129045		Due no later than Sep 30, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SOLO SHACK LLC (THE) JONI SOLOSABAL 1110 PAHSIMEROI DR TWIN FALLS ID 83301			JONI SOLOSABAL 1110 PAHSIMEROI DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JONI O SOL		OSABAL	1110 PAHSIMEROI DR		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Joni Ora Solosabal			Date: 08/07/2018			
W 129045		Name (type or print): Joni Ora Solosabal			Title: owner			
Processed 08/07/2018		* Electronically p	tronically provided signatures are accepted as original signatures.					