

No. W 162615	Due no later than Feb 28, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW G HENSLEY 6110 CASTLE DR BOISE ID 83703
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BRONCO MOVERS, LLC 6110 CASTLE DR BOISE ID 83703	3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Matthew G. Hensley	6110 Castle Dr.	Boise	ID	USA	83703
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 162615 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Matthew G. Hensley/manager</u> </td> <td style="width: 40%;"> Date: <u>1-18-18</u> </td> </tr> <tr> <td> Name (type or print): <u>Matthew G. Hensley manager</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: <u>Matthew G. Hensley/manager</u>	Date: <u>1-18-18</u>	Name (type or print): <u>Matthew G. Hensley manager</u>	Title: <u>owner</u>
Signature: <u>Matthew G. Hensley/manager</u>	Date: <u>1-18-18</u>				
Name (type or print): <u>Matthew G. Hensley manager</u>	Title: <u>owner</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM