

No. W 178065	Due no later than Feb 28, 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. LAKE CITY LABRADOODLES, LLC KATHRYN KENNER 6126 W HARBOR DR COEUR D ALENE ID 83814	KATHRYN KENNER 6126 W HARBOR DR COEUR D ALENE ID 83814				
		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	KATHRYN KENNER	6126 W HARBOR DR	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 178065	6. Annual Report must be signed.* Signature: KATHRYN KENNER Name (type or print): KATHRYN KENNER		Date: 02/03/2018 Title: MANAGER			
Processed 02/03/2018		* Electronically provided signatures are accepted as original signatures.				