No. W 186328	Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		nnual Report Form	ADAM KENNETH SULLIVAN				
700 WEST JEEFERSON			1940 WHISPERING PINES DR IDAHO FALLS ID 83401				
NO FILING FEE IF	IDAHO FALLS ID 83401		3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ADAM KEN MANAGER BYRON KE	INETH SULLIVAN NT JONES	3239 EAST COUNTY LINE RD 1940 WHISPERING PINES DR	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83401 83401	
5. Organized Under the Laws of: 6. Annual Rep		nust be signed.*					
ID	Signature: Byror	Signature: Byron Jones		Date: 06/26/2018			
W 186328	Name (type or print): Byron Jones		Title: Manager				
Processed 06/26/2018	* Electronically provided signatures are accepted as original signatures.						