No. W 174193		Due no later than Nov 30, 2017		2. R	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. ROMINE PINECREST, LLC MICHAEL J ROMINE 504 SANDPOINT AVE		<u></u>	MICHAEL J ROMINE 504 SANDPOINT AVE SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		SANDPOINT ID 83864 mes and Addresses of at least one Member or Manager.		3. <u>N</u>	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	mes and made esse.	Street or PO Address	Cit	tv	State	Country	Postal Code
MANAGER	MICHAEL J	ROMINE	504 SANDPOINT AVENUE	SA	, NDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 174193		6. Annual Report must be signed.* Signature: Michael Romine Name (type or print): Michael Romine			Date: 09/20/2017 Title: MANAGER			
Processed 09/20/2017 * Electronically provided signatures are accepted as original signatures.								