

No. <b>W 161178</b>	<b>Due no later than Jan 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> NIGHT DIVE, LLC CATHERINE CASHMORE 5169 W YARROW RD POCATELLO ID 83201 USA		CATHERINE ANN CASHMORE 5169 W YARROW RD POCATELLO ID 83201			
			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
MEMBER	THAIN MCLAREN CASHMORE	5169 W YARROW RD	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 161178</b>	6. Annual Report must be signed.* Signature: Catherine Cashmore Name (type or print): Catherine Cashmore		Date: 01/26/2017 Title: Manager			
Processed 01/26/2017		* Electronically provided signatures are accepted as original signatures.				