

No. W 148211		Due no later than Feb 28, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DOCRE LLC CHAD HAMILTON 3023 E COPPER POINT DR STE 205 MERIDIAN ID 83642		RON MILLER 3015 E MAGIC VIEW DR STE 100 MERIDIAN ID 83642	
				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	CHAD HAMILTON	3023 E. COPPER POINT DR. SUITE 205	MERIDIAN	ID	USA 83642
5. Organized Under the Laws of: ID W 148211		6. Annual Report must be signed.* Signature: Chad Hamilton Name (type or print): Chad Hamilton Date: 01/02/2018 Title: Member			
Processed 01/02/2018		* Electronically provided signatures are accepted as original signatures.			