

No. <b>W 102317</b>	<b>Due no later than Apr 30, 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> CA ROBINSON LLC ABRA CHOUINARD PO BOX 1638 BONNER FERRY ID 83805		ABRA CHOUINARD 7166 SECOND ST BONNER FERRY ID 83805			
			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	ABRA CHOUINARD	PO BOX 1638	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of:  <b>ID</b> <b>W 102317</b>		6. Annual Report must be signed.* Signature: Abra Chouinard Name (type or print): Abra Chouinard Date: 02/23/2017 Title: Managing Member				
Processed 02/23/2017		* Electronically provided signatures are accepted as original signatures.				