

No. J 2697		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. ALDRICH CPAS AND ADVISORS LLP 680 HAWTHORNE AVE SE STE 140 SALEM OR 97301		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PARTNER	DAN LARSON	676 HAZARD CENTER DRIVE, #1300	SAN DIEGO	CA	92108
PARTNER	AKT SERVICES LLP	680 HAWTHORNE AVE SE STE 140	SALEM	OR	97301
5. Organized Under the Laws of: OR J 2697		6. Annual Report must be signed.* Signature: JOHN LAUSENG Name (type or print): JOHN LAUSENG Date: 01/31/2018 Title: PRESIDENT			
Processed 01/31/2018		* Electronically provided signatures are accepted as original signatures.			