No. W 147227		Due no later than Jan 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. 1629/1631 SEQUOIA, LLC CHAD D MCCORMICK 2830 S ESPINAZO DR COEUR D ALENE ID 83814 USA		2. Registered Agei	Registered Agent and Address (NO PO BOX) CHAD D MCCORMICK			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
				2830 S ESPINAZO DR COEUR D ALENE ID 83814 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co	mpanies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	CHAD D MO	CCORMICK	2830 S ESPINAZO DR	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Repor						
ID W 147227		Signature: Chad McCormick			Date: 11/20/2016			
		Name (type o		Title: Manager				
Processed 11/20/201	.6	* Electronically p	rovided signatures are accepted as original	signatures.				