No. W 182875		Due no later than May 31, 2018 Annual Report Form	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KENT L. YOST CPA PLLC KENT L YOST PO BOX 4987 POCATELLO ID 83205	KENT L YOST 416 S 4TH AVE POCATELLO ID 83201-8320 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Compa	nies: Enter Nan	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	KENT L YOS	T 416 S 4TH AVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: KENT L YOST	Date: 03/19/2018			
W 182875		Name (type or print): KENT L YOST	Title: MEMBER			
Processed 03/19/2018	* Electronically provided signatures are accepted as original signatures.					