		e no later than Jul 31, 2017 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		ddress: Correct in this box if needed LC DWE	110 LIMEKILN KETCHUM ID	WILLIAM B LOWE 110 LIMEKILN LA KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	1 B LOWE AN G WESTPHAL	PO BOX 3266 67 LAUREL PARK	KETCHUM NORTHAMPTON	ID I MA		83340 01060	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
ID	Signature: will	Signature: william b lowe		Date: 07/04/2017			
W 52502	Name (type or	Name (type or print): william b lowe		Title: manager			
Processed 07/04/2017	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					