

No. W 101753		Due no later than Mar 31, 2016		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. MICHALS, LLC. SCOTT MICHALS 3225 8TH ST LEWISTON ID 83501		SCOTT MICHALS 3225 8TH ST LEWISTON ID 83501			
				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	SCOTT MICHALS	3225 8 STREET	LEWISTON	ID	USA	83501-4854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 101753		Signature: Scott Michals				Date: 01/21/2016	
		Name (type or print): Scott Michals				Title: Manager	
Processed 01/21/2016		* Electronically provided signatures are accepted as original signatures.					