

No. <b>W 77176</b>		<b>Due no later than Aug 31, 2018</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MAIN LINE, LLC SAUNDRA COMBS PO BOX 3530 POST FALLS ID 83877		ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854			
				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	
MEMBER	SAUNDRA L COMBS	PO BOX 3530	POST FALLS	ID	USA	83877	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 77176</b>		Signature: Saundra Combs				Date: 07/31/2018	
		Name (type or print): Saundra Combs				Title: Member	
Processed 07/31/2018		* Electronically provided signatures are accepted as original signatures.					