

No. W 106870	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL KAUFMAN 2985 MAYFAIR RIDGE LEWISTON ID 83501				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FELSTED AND KAUFMAN, LLC 2985 MAYFAIR RIDGE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> MICHAEL KAUFMAN 2985 MAYFAIR RDG LEWISTON ID USA 83501							
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> WILLIAM FELSTED 322 EAST HIGH DR. SPOKANE WA. USA 99203							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 106870 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Signature: <u>Michael Kaufman</u> </td> <td style="width: 50%;"> Date: <u>9-19-17</u> </td> </tr> <tr> <td> Name (type or print): <u>MICHAEL KAUFMAN</u> </td> <td> Title: <u>MEMBER MANAGER</u> </td> </tr> </table>		Signature: <u>Michael Kaufman</u>	Date: <u>9-19-17</u>	Name (type or print): <u>MICHAEL KAUFMAN</u>	Title: <u>MEMBER MANAGER</u>
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