No. W 176066		Due n	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JAMES D CHAMBERS 911 E WINDING CREEK DR STE 150 EAGLE ID 83616 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WILD SHAMROCK CENTER, LLC JAMES D CHAMBERS 911 E WINDING CREEK DR STE 150 EAGLE ID 83616					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses o	f at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER JAMES D CH		HAMBERS	911 E WINDING CREEK DR SUITE 150	EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: James	Date: 12/29/2017				
W 176066		Name (type or pr	Title: Member				
Processed 12/29/2017 * Electronically provided signatures are accepted as original signatures.							