No. **W 55480**	**Due no later than Oct 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** FACILITATE 2 YES, L.C. LYNN MACEACHERN PO BOX 1264 OROFINO ID 83544	LYNDA MACEACHERN 326 KALASPO AVE OROFINO ID 83544 3. New 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	LYNN MACEACHERN	PO BOX 1264	OROFINO	ID		83544

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 55480**	Signature: Lynn MacEachern	Date: 10/22/2017
	Name (type or print): Lynn MacEachern	Title: Agent/Member

Processed 10/22/2017

* Electronically provided signatures are accepted as original signatures.