No. W 165884	C	Due no later than Apr 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIMOTHY SCHMIDT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		G TREE LANE	SPIRIT LAKE	362 BEARING TREE LANE SPIRIT LAKE ID 83869 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	ter Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER TIM RYAN SCHMIDT		362 BEARING TREE LN	SPIRIT LAKE	ID	USA	83869	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID	Signature: T	Signature: Tim Schmidt		Date: 05/23/2017			
W 165884	Name (type	Name (type or print): Tim Schmidt		Title: Manager			
Processed 05/23/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					