No. <b>W 55104</b>		Due no later than Oct 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAYCOB BU	JAYCOB BURMESTER 250 E. HAWKINS RD. ARIMO ID 83214-8321  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.  FOUR TRAX EXCAVATION LLC  JONI BURMESTER  250 EAST HAWKINS RD  ARIMO ID 83214		ARIMO ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JONI R. BU	RMESTER	250 EAST HAWKINS RD	ARIMO	ID	USA	83214	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: joni burmester			Date: 08/31/2016			
W 55104		Name (type or print): joni burmester			Title: Owner			
Processed 08/31/2016 * Electronically provided signatures are accepted as original signatures.								