

No. <b>W 85558</b>	<b>Due no later than Jul 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		SUZANNE A ANDERSON 509 VISTA DR COEUR D ALENE ID 83815			
	SHOP PROPERTY, LLC NORMAN J ANDERSON 509 VISTA DR COEUR D ALENE ID 83815		3. <u>New</u> 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
MANAGER	NORMAN J ANDERSON	509 W VISTA DRIVE	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 85558</b>		6. Annual Report must be signed.* Signature: Norman J Anderson Name (type or print): Norman J Anderson		Date: 05/22/2017 Title: Manager		
Processed 05/22/2017		* Electronically provided signatures are accepted as original signatures.				